

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0049671 AV

**DOCUMENT # P98000084084**

1. Entity Name  
**C & F ENTERPRISES, INC**

03-14-2002 90331 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4341 THOMAS DR., BOX B, 24 PANAMA CITY BEACH FL 32408		Mailing Address 4341 THOMAS DR., BOX B, 24 PANAMA CITY BEACH FL 32408	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	

City & State		City & State		4. FEI Number <b>59-3535449</b>		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>FRAZIER, BROCK</b> 4341 THOMAS DR., BOX B, 24 PANAMA CITY BEACH FL 32408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRAZIER, BROCK</b>			NAME			
STREET ADDRESS	<b>4345 THOMAS DR BOX B-24</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32408</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLLINS, BILLY</b>			NAME			
STREET ADDRESS	<b>147 SKY DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSON GA 30233</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLLINS, BILLY W</b>			NAME			
STREET ADDRESS	<b>147 SKY DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSON GA 30233</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRAZIER, BROCK</b>			NAME			
STREET ADDRESS	<b>4341 THOMAS DR BOX B-24</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32408</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Brock Frazier* **BROCK FRAZIER** 2-18-02 950-235-2431  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)