

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91749 045 \*\*\*150.00

**DOCUMENT # 397711**

1. Entity Name

**C & A ENTERPRISES, INC.**

Principal Place of Business

% DAVID L ADAMS  
 1408-28TH ST.  
 NICEVILLE FL 32578

Mailing Address

% DAVID L ADAMS  
 1408-28TH ST.  
 NICEVILLE FL 32578

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1527116**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ADAMS, DAVID L  
 1536 N BEAL EXT  
 FT WALTON BCH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, MARIA	
STREET ADDRESS	1408 28TH ST	
CITY-ST-ZIP	NICEVILLE, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, DAVID	
STREET ADDRESS	1408 28TH ST	
CITY-ST-ZIP	NICEVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, DONALD	
STREET ADDRESS	400 KELLY RD APT 20	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, CHRISTOPHER J	
STREET ADDRESS	7400 STERNSON AVE, NORTHVIEW TERRACE #205	
CITY-ST-ZIP	GIG HARBOR WA	
TITLE	S	<input type="checkbox"/> Delete
NAME	CUPP, MARCIA M	
STREET ADDRESS	313 B NICEVILLE AVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Jonathan F. Adams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-11-02*  
 Date

*850-678-4021*  
 Daytime Phone #

CR2E034 (9/01)