

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

01 DEC 28 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 401238

1. Entity Name

CCE, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13 Mile Course

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2908

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Williamsburg, Va

City & State

Williamsburg, Va

4. FEI Number

59-1396759

Applied For

Not Applicable

Zip

23185

Country

USA

Zip

23187

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CorpDirect Agents, Inc.

St.

103 N. Meridian Street

City

Tallahassee

FL

32301

**DO NOT WRITE
IN THIS SPACE**

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

Pam Wolfe

Pam Wolfe, as its agent

12-28-01

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Claude T. Carson, Jr
13 Mile Course
Williamsburg, Va 23185

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000004752500--
-01/07/02--01011--009
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Diana V. V. V.
120 Charter House Lane
Williamsburg, Va 23188

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000004752500--
-01/07/02--01011--010
*****8.75 *****8.75

TITLE
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-01 757-220-0912

BR20038 (1/01/01)

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11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Claude T. Cason, Jr
13 Mile Course
Williamsburg, Va 23185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Diana V. Bell
120 Chamber House Lane
Williamsburg, Va 23185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-26-01 757-220-0912

APPROVED
AND
FILED

01 DEC 28 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR20346 (12/01)

CCE, Inc.
PO Box 2908
Williamsburg, VA 23187
Phone (757)565-5400 Fax (757)565-5403

December 27, 2001

Secretary of State
C/O Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: CCE, Inc.

Dear Kathy:

Thank-you for your help in resolving our corporate reinstatement problem. Per your suggestion, we have contacted CCRS, now known as Corporate Direct. They will now be our new resident agent. I am forwarding this letter to you through them with the payment of \$150.00. I understand from our discussion that the checks that we previously Federal Expressed to you were for the wrong amount and will be credited or returned to us. The first check #1448 was for \$550.00, and the second check was #1449 for \$35.00.

Our failure to file was due to the Post Office's return of your packet as your records indicate. As you suggested, we are asking for you to waive the penalty, due to the nature of our delinquency.

Sincerely



Claude Cason, Jr.
CCE, Inc.
President

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 12-28-01

REF. #: 0820-4105

CORP. NAME: CCE, INC.

- | | | |
|------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input checked="" type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 1451 FOR \$ 150.00
501217 8.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

RECEIVED
01 DEC 28 PM 2:06
TALLAHASSEE FL 32301
DIVISION OF CORPORATIONS
JULY 2001