

2002
2001 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 484872

1. Entity Name

C AND P SALES, INC.

Principal Place of Business

Mailing Address

4901 W HANNA AVE
TAMPA FL 33634
US

P. O. BOX 15386
TAMPA FL 33684
US

FILED

02 FEB 15 PM 3 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12801 Commodity Place

12801 Commodity Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa, FL 33626

Tampa, FL 33626

City & State

City & State

Tampa, FL 33626

Tampa, 33626

Zip

Country

Zip

Country

33626

Hillsborough

33626

Hillsborough

4. FEI Number

59-1621762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, TWILA S.

4901 W. HANNA AVENUE

12801 Commodity Pl

TAMPA FL 33634

33626

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PORTER, T. STARR
STREET ADDRESS 4901 W HANNA AVE --
CITY-ST-ZIP TAMPA FL 33634 -- 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 12801 Commodity Place
CITY-ST-ZIP Tampa, FL 33626

TITLE VP ☐ Delete
NAME PORTER, JAMES J
STREET ADDRESS 4901 W HANNA AVE --
CITY-ST-ZIP TAMPA FL 33634 -- 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 12801 Commodity Place
CITY-ST-ZIP Tampa, FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600005021906 -- 6
CITY-ST-ZIP -02/26/02-01074-025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****150.00 *****150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

T. Starr Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-02 813-925-1466

CR2E034 (10/00)

0353087