2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F02298 **DOCUMENT #**

1. Entity Name

C & C DAIRY, INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90098 040 ***150.00

						GOO WE THO						
Principal Place of Business 1700 RUCKS DAIRY ROAD FROSTPROOF FL 33843 US				Mailing Address P.O. BOX 1440 FROSTPROOF FL 33843 US								
2. Principal Place of Business				3. Mailing Address				1 1884/88 1114 881/8 144/8 1/848 1848/	idii didii didi	 		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			·	City & State			4.	4. FEI Number 59-2029038			oplied For ot Applicable	
Zip	Country			Zip	try	5. Certificate of Status Desired		□ \$8.75 Additional Fee Required				
	6. Name	and Address of	f Current Reg	stered Agent			7.	7. Name and Address of New Registered Agent				
COFFMAN, JESSE 1604 RUCKS DAIRY ROAD				Street Add			s (P.O. Box Number is Not Acceptable)					
		4										
FROSTPROOF, FL 33843					City			FL	Zip Cod	e		
, ,,				L								
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE												
SIGNATORIE .	Signature, typed	or printed name of regi	istered agent and tit	le if applicable. (N	NOTE: Registere	d Agent signature requ	ired when re	einstating)	DATE			
After	r May 1, 200	PEE IS \$15 3 Fee will be so Florida Depar	\$550.00	ate				9. Election Campaign Final Trust Fund Contribution.			May Be if to Fees	
10.		OFFICI	ERS AND DIR	ECTORS	11.		ΑE	ODITIONS/CHANGES TO OFFIC	ERS AND (DIRECTORS	S IN 11	
TITLE NAME STREET AODRESS	VD RUCKS, P. 2458 S.W.	AULINE 18TH COURT		☐ Delete	TITLI NAM STRE	- I				Change	Addition	
CITY-ST-ZIP	OKEECHO	BEE FL			CITY	-ST-ZIP					\	
TITLE NAME STREET ADDRESS		, Jesse G Ks Dairy Rd.		☐ Delete	TITLI NAM STRE					Change	☐ Addition	
CITY-ST-ZIP				CI		-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete.		·		er en en en		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		į.				Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		□ Delete					ā,	Change	Addition	
indicated of the cor	on this report poration or the properties of the contraction or the co	t or supplementa re receiver or trus	al report is true stee empower	and accurate and the	at my signat ort as requir	ure shall have th	e same	119.07(3)(i), Florida Statutes. I fi legal effect as if made under oa ida Statutes; and that my name a	th; that I am	an officer	or director	

ESSE G. COFFMAN

863-635-4388