

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G49726

1. Entity Name

C & C OFFICE CENTER, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90127 006 ***150.00

Principal Place of Business

Mailing Address

% CHARLES M. CARSON
9900 W. SAMPLE RD. STE-300
CORAL SPRINGS FL 33065-4077
US

% CHARLES M. CARSON
9900 W. SAMPLE RD. STE-300
CORAL SPRINGS FL 33065-4077
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2320414

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARSON, CHARLES M.
9900 W. SAMPLE RD, STE-300
CORAL SPRINGS FL 33065-4077

Name

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

951 SW 4TH

City

BOCA RATON

FL

Zip Code

33432-5803

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

William J Blakesberg
WILLIAM J BLAKESBERG

1-14-00

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	CARSON, CHARLES M	
STREET ADDRESS	9900 W SAMPLE RD, #300	
CITY-ST-ZIP	CORAL SPRINGS FL 33065-4077	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES CARSON

1-13-00

Date

561 7200

Daytime Phone #

CR2E034 (9/99)