

DOCUMENT # G49726

1. Entity Name  
C & C OFFICE CENTER, INC.

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90101 037 \*\*\*150.00

Principal Place of Business Mailing Address  
% CHARLES M. CARSON % CHARLES M. CARSON  
9900 W. SAMPLE RD. STE-300 9900 W. SAMPLE RD. STE-300  
CORAL SPRINGS FL 33065-4077 CORAL SPRINGS FL 33065-4077  
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
951 SW 4TH AVE

City & State City & State  
BOCA RATON FL

4. FEI Number 59-2320414 Applied For  
Not Applicable

Zip Country Zip Country  
33432-5803 PALM BEACH

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BLAKESBERG, WILLIAM J  
951 SW 4TH  
BOCA RATON FL 33432-5803

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARSON, CHARLES M 9900 W SAMPLE RD, #300 CORAL SPRINGS FL 33065-4077	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C Carson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 561-750-8300  
Date Daytime Phone #

CR2E034 (10/00)