## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

G86944

1. Entity Name

C & A. INC., OF LAKELAND



## **FILED** Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90025 030 \*\*\*150.00

			in the state of th				
Principal Place of Business 4596 W. IRLO BRONSON MEM. HWY. KISSIMMEE FL 34746		Mailing Address 4596 W. IRLO BRONSON MEM. HWY. KISSIMMEE FL 34746		١			
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2. Principa	l Place of Business	3. Mailing Address				I BIN BIRIN BIRIN BIRIN B	
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING O	
City & St	tate	City & State			4 EEI Number		
Zip	Country	Zip Country			59-2437355		Applied For Not Applica
	6. Name and Address of Current				5. Certificate of Status Desired	☐ <b>\$8.</b>	75 Additional Required
	Traine and Address of Current	Hegistered Agent	N.	ame	7. Name and Address of New F		
YANG, S	SEN SHIUNG		٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	_			
	IRLO BRONSON MEM. HWY. : IEE FL 34746		St	reet Address (P.	O. Box Number is Not Acceptable	))	
NISSIMIM	ICC PL 34/46						
8 The above	a paradiantik a hada ut		Ci		· · · · · · · · · · · · · · · · · · ·	FL Z	Zip Code
the obliga	e named entity submits this statement fo ations of registered agent.	r the purpose of changing	its registered off	fice or registered	d agent, or both, in the State of Flo	rida. I am familia	ar with, and accer
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (N	NOTE: Registered Agent	t signature required wh	nen reinstating)	DATE	
F	ILE NOW!!! FEE IS \$150.00			· · · · · ·			
Make Chec	r May 1, 2003 Fee will be \$550.00 k Päyable to Florida Department of	State			<ol> <li>Election Campaign Fin Trust Fund Contribution</li> </ol>	ancing . $\square$	\$5.00 May Be Added to Fees
	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CEDS AND DIDE	OTODO III
TITLE ST	PD YANG, SEN SHIUNG	☐ Delete	TITLE				hange Additio
STREET ADDRESS	4596 W IRLO BRONSON MEM		NAME STREET ADDR	35.66			
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP	i			
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STREET ADDRESS	DECKER, JAMES E. 3520 SOUTHCREST BLVD		NAME STREET ARRE				lange LJ Adultion
CITY-ST-ZIP	LAKELAND FL		STREET ADDR CITY-ST-ZIP	1555			
NAME	SD	Delete_	TITLE			Псь	
STREET ADDRESS	PREVATT, GEORGIA ROUTE 6, BOX 132G		NAME		• • • • • • • • • • • • • • • • • • • •	. ŪcĐ	ange
CITY-ST-ZIP	PLANT CITY FL		STREET ADDRE	ESS			
TITLE NAME		☐ Delete	TITLE			☐ Ch.	anna 🗀 Addition
STREET ADDRESS			NAME				ange 🔲 Addition
CITY-ST-ZIP	<u> </u>		STREET ADDRE	SS			
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NAME STREET ADDRESS			NAME			☐ Cha	ange
CITY-ST-ZIP			STREET ADDRES	SS			
TILE		☐ Delete	TITLE	<del>-  </del>			
TREET ADDRESS		3 21919	NAME			☐ Cha	nge 🗌 Addition
SITY-ST-ZIP			STREET ADDRES	25	,		
2. I hereby ce	ertify that the information supplied with the in this report or supplemental report is tructed among the receiver or trusted among the receiver or trusted among the receiver or the receiver	is filling does not qualify fo	CITY-ST-ZIP	stated in C		<del></del>	
of the corporated of the corporate of th	in this report or supplied with thin this report or supplemental report is tru- pration or the receiver or frustee empower or on an attachment with a haddress with	ue and accurate and that report to execute this report all of exits a second and the control of	my signature shall as required by C	Il have the same Chapter 607, Flor	i 119.07(3)(i), Florida Statutes. I fu legal effect as if made under oath rida Statutes; and that my name a	rther certify that t i; that I am an off opears in Block 1	he information icer or director IO or Block 11 if

SIGNATURE: