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

## **FILED** Feb 26, 2002 8:00 am Secretary of State **DOCUMENT #** H53847 1. Entity Name C & C INSURANCE AGENCY, INC. 02-26-2002 90090 043 \*\*\*150.00 Principal Place of Business Mailing Address 2114 SE PORT/STALUCIE BLVD ... P.O. BOX:7070 SUITE D PORT/ST: LUCIE FL 34985 PORTAST, LUCIE: FL: 34952. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2524628 Not Applicable Ζip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRAN, CYNTHIA S. Street Address (P.O. Box Number is Not Acceptable) 221 NE SAGAMORE TERRACE PORTEST. LUCIE FL: 34983 City Zin 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 . Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE ☐ Delete TITI F Change ☐ Addition CARRAN, CYNTHIA NAME NAME 221 NE SAGAMORE TERRACE STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS .CITY\_ST-ZIP. ... CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CYNTHIA CARRAN Leb. 11 2002 772-

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