

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70549

1. Entity Name

C & C MECHANICAL CONTRACTORS INCORPORATED

Principal Place of Business

3143-B WEST THARPE ST  
TALLAHASSEE FL 32303

Mailing Address

3143-B WEST THARPE ST  
TALLAHASSEE FL 32303-1133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, NEELY L.  
1203 COMMERCIAL PARK DRIVE  
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
NAME LEWIS, NEELY  
STREET ADDRESS 3158 FERNS GLEN DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP  
NAME LEWIS, LYNDIA  
STREET ADDRESS 3158 FERNS GLEN DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE T  
NAME CULBERTSON, AL  
STREET ADDRESS 3504 CARRINGTON DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90133 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2562772

Applied For

Not Applicable

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

CR2E034 (9/99)