

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J08497**

1. Entity Name  
**C & C DEVELOPEMENT, INC.**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90092 026 \*\*\*158.75

Principal Place of Business

**2119 SOUTH KINGS ROAD  
CALLAHAN FL 32011  
US**

Mailing Address

**2119 SOUTH KINGS ROAD  
CALLAHAN FL 32011  
US**



2. Principal Place of Business

3. Mailing Address

*P.O. Box 969*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Callahan, FL*

Zip

Country

Zip

Country

*32011*

*NASSAU*

4. FEI Number **59-2663259**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COURSON, ROBERT D.  
2119 SOUTH KINGS ROAD  
CALLAHAN FL 32011**

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, 2002 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	COURSON, ROBERT D.	
STREET ADDRESS	3909 MT. OLIVE ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COURSON, MARTHA J.	
STREET ADDRESS	3909 MT. OLIVE ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KILPATRICK, DAWN A	
STREET ADDRESS	3909 MT. OLIVE ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Robert D. Courson* **Robert D. Courson** *2/27/02* **904-879-2625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)