

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J11787**

1. Entity Name

C & P LEASING OF CLEARWATER, INC.

Principal Place of Business

**606 BAY ESPLANADE
CLEARWATER BEACH FL 34630**

Mailing Address

**227 DOCKHAM SHORE RD.
GILFORD NH 03246
US**

2. Principal Place of Business

3. Mailing Address

227 DOCKHAM SHORE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GILFORD N.H.

Zip

Country

Zip

Country

03249**U.S.**4. FEI Number **59-2668003**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLEBOE, CHARLES R., ESQ.
2725 PARK DRIVE
CLEARWATER FL 33575**

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, 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		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
STD	COTT, WILLIAM M., III	227 DOCKHAM SHORE RD.	GILFORD NH	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	POLONCHEK, JOHN	227 DOCKHAM SHORE RD.	GILFORD NH	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	COTT, WILLIAM M.	227 DOCKHAM SHORE RD.	GILFORD NH	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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: WILLIAM M. COTT PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**10 JAN. 2001 603-293-7985**
Date Daytime Phone #**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90023 044 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)