

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90039 039 ***150.00

0156800 FP

DOCUMENT # J72568

1. Entity Name

C & C & SONS ENTERPRISES, INC.



Principal Place of Business
C/O CHARLES E. RICHARDSON
9925 STATE RD 33 N
POLK CITY FL 33868
US

Mailing Address
C/O CHARLES E. RICHARDSON
99225 STAT RD 33 N
POLK CITY FL 33868
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2810010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, CHARLES E
837 TRINA LN
LAKELAND FL 33809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RICHARDSON, CHARLES E.**
STREET ADDRESS **9925 STATE RD 83 N**
CITY-ST-ZIP **POLK CITY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2003

Date

Daytime Phone #

863-
602-3617

CR2E034 (4/03)

Attachment 90143362
J72568

July 10, 2003

Division of Corporations:

We did not receive our UBR for 2003 until July, which shows a penalty added to the original \$150.00 due.

We would like the penalty to be dismissed. One reason we may not have gotten the form is due to the address being incorrect. It appears that there is a typographical error in the address. It should read:

9925 State Road 33N
Polk City, Fl. 33868

Thank you,



Charles E Richardson
C & C & Sons Ent Inc.
President