

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001828

1. Entity Name

C&T-S, A. L.C.

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90386 012 ****50.00

Principal Place of Business

115 WEST OLYMPIA AVE.
PUNTA GORDA FL 33951-1447

Mailing Address

C/O JACK O. HACKETT II, ESQ.
P.O. DRAWER 511447
PUNTA GORDA FL 33951-1447

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 65-1012093

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKETT, JACK O II, ESQ
FARR, FARR, EMERICH, SIFRIT, ET AL
115 WEST OLYMPIA AVE.
PUNTA GORDA FL 33951-1447

Name
Jack O. Hackett II
Street Address (P.O. Box Number is Not Acceptable)
99 Nesbit Street

City
Punta Gorda FL Zip Code
33950

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

4/24/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRANCO, ANTONIO
106 W OLYMPIA AVENUE
PUNTA GORDA FL 33950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRANCO ANTONIO
1133 BAL HARBOR BLD #307
PUNTA GORDA FL 33950 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-23-02 941 456 8666

CR2E083 (9/01)