

2001 UNIFORM BUSINESS REPORT (UBR)

0025170 AF

DOCUMENT # L00000007276

1. Entity Name
CC&JW SERVICES LLC

FILED

01 APR 23 PM 5: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10407 ROCKET BLVD.
ORLANDO FL 32824

Mailing Address
10407 ROCKET BLVD.
ORLANDO FL 32824



2. Principal Place of Business

3. Mailing Address

5334 CENTRAL FLORIDA HWY

Suite, Apt. #, etc.

181

City & State

ORLANDO FLORIDA

Zip

32821

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 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

CLARK, MITCH
521 SOUTH ANNAPOLIS DRIVE
DELTONA FL 32774

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 MITCH CLARK

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

(NOTE: Registered Agent signature required when reinstating)

4/20/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM CLARK, MITCH
STREET ADDRESS 10407 ROCKET BLVD.
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

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

TITLE NAME MGRM WRIGHT, DANNY
STREET ADDRESS 349 SYMPHONY DRIVE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700004137187--6
CITY-ST-ZIP -05/04/01--01096--013

TITLE NAME MGRM CREWS, ANNE
STREET ADDRESS 9863 8TH AVENUE
CITY-ST-ZIP ORLANDO FL 32824 ☒ Delete

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

TITLE NAME MGRM JOHNSON, TONY
STREET ADDRESS 4406 WALBRIDGE STREET
CITY-ST-ZIP ORLANDO FL 32809 ☒ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

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

4/20/01

407 234 0502

DATE

Daytime Phone #

CR2E083 (11/00)