

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023749 AF

DOCUMENT # L00000007851

1. Entity Name

C 2 C SAFETY AND SECURITY FILM LLC

FILED

01 FEB 23 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7825 SOUTHWEST ELLIPSE WAY, UNIT #1  
STUART FL 34997

Mailing Address

7825 SOUTHWEST ELLIPSE WAY, UNIT #1  
STUART FL 34997

1532 SE VILLAGE GREEN DR.

2. Principal Place of Business

1532 SE VILLAGE GREEN DR.

3. Mailing Address

1532 SE VILLAGE GREEN DR.

Suite, Apt. #, etc.

UNIT 'C'

City & State

PT. ST. LUCIE, FL

City & State

PT. ST. LUCIE, FL

4. FEI Number

59-3689324

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM WADKINS, STEVEN L  
STREET ADDRESS 7825 SOUTHWEST ELLIPSE WAY, UNIT #1  
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE NAME MGRM ZAZA, SAMUEL  
STREET ADDRESS 7825 SOUTHWEST ELLIPSE WAY, UNIT #1  
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE NAME MGRM WADKINS, GERRI L  
STREET ADDRESS 7825 SOUTHWEST ELLIPSE WAY, UNIT #1  
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 500003768145-4  
STREET ADDRESS -02/26/01--01121--002  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

02-17-01

561-263-1410

(00/11)