

2001 UNIFORM BUSINESS REPORT (UBR)

00192220 AF

DOCUMENT # L00000009221

1. Entity Name
C AND D VENTURES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -7 PM 3:17

Principal Place of Business

Mailing Address

~~2698 STATE ROAD 542~~
AUBURNDALE FL 33823

2698 STATE ROAD 542 W.
AUBURNDALE FL 33823



2. Principal Place of Business

3. Mailing Address

5640 STATE ROAD 542W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

WINTER HAVEN, FL

4. FEI Number

59-3654363

Applied For

Not Applicable

Zip

Country

Zip

Country

33880

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

BEARD, CARL R
2698 STATE ROAD 542
AUBURNDALE FL 33823

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME BEARD, CARL R.
STREET ADDRESS 2698 STATE ROAD 542 W
CITY-ST-ZIP AUBURNDALE FL 33823 ☐ Delete

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

TITLE MGR
NAME BEARD, DEBI S
STREET ADDRESS 2698 STATE ROAD 542 W
CITY-ST-ZIP AUBURNDALE FL 33823 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003910287-9
-03/26/01--01136--010
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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:

SIGNATURE REQUIRED Carl R. Beard

Date

Daytime Phone #

CR2E083 (11/00)