

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90275 011 ***150.00

DOCUMENT #

1. Entity Name

C & D Investments, LLC
L03000012595



DO NOT WRITE IN THIS SPACE

24023690

2. Principal Place of Business

3. Mailing Address

305 East 5th St.

305 East 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Saint Cloud, Florida

Saint Cloud, FL

4. FEI Number

Applied For

EIN 03-0514159

Not Applicable

Zip

Country

Zip

Country

34769

USA

34769

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cynthia Robinson

Street Address (P.O. Box Number is Not Acceptable)

305 East 5th St

City

Saint Cloud, FL

FL

Zip Code

34769

**DO NOT WRITE
IN THIS SPACE**

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

Cynthia Robinson

(NOTE: Registered Agent signature required when reinstating)

3/14/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Cynthia Robinson
305 E 5th St
Saint Cloud, FL 34769

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V. President
Danielle Kriminger
305 E 5th St
Saint Cloud, FL 34769

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/04

Date

407-957-4467

Daytime Phone #

CR2E034B (12/02)