

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L99000004651

1. Entity Name
3C, LLC

00 MAY 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5215 PHILLIPS HWY 240 Hammond Blvd. 5215 PHILLIPS HWY 240 Hammond Blvd.
JACKSONVILLE FL 32207 JAX, FL 32254 JACKSONVILLE FL 32207 JAX, FL 32254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 240 Hammond Blvd.
Suite, Apt. #, etc.

3. Mailing Address 240 Hammond Blvd.
Suite, Apt. #, etc.

City & State Jacksonville, FL
Zip 32254 Country

City & State Jacksonville, FL 3
Zip 32254 Country

4. FEI Number 59-3591104
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
OWENS, CARL H SR
5215 PHILLIPS HWY
#1
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name Aboud, Richard J.
Street Address (P.O. Box Number is Not Acceptable) 9124 Cypress Green Dr.
City Jacksonville FL Zip Code 32256

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 Richard J. Aboud DATE 4-13-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS
TITLE NAME MGR OWENS, CARL H SR MGRM
STREET ADDRESS 5215 PHILLIPS HWY #1 240 Hammond Blvd.
CITY- ST- ZIP JACKSONVILLE FL 32207 32254
TITLE NAME WARBON, CARLA, MGRM
STREET ADDRESS 240 Hammond Blvd.
CITY- ST- ZIP Jax, FL 32254
TITLE NAME OWENS, CARL, JR. MGRM
STREET ADDRESS 240 Hammond Blvd.
CITY- ST- ZIP Jacksonville, FL 32254

10. ADDITIONS/CHANGES
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
000003287750-7
-06/14/00-01004-020
*****55.00 *****55.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #