

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61983

1. Entity Name
C & T CONSTRUCTION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90095 020 ***150.00

Principal Place of Business

Mailing Address

10744 NW 8 CT
SUITE 103
CORAL SPRINGS FL 33071
US

~~P.O. BOX 334063~~
MARGATE FL 33093
US

653282



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6624 NW 48 MAN
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS FL

Zip

Country

33067

GEORGETOWN

4. FEI Number 65-0035084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, CHARLES F., III

10744 NW 8 CT

SUITE 103

CORAL SPRINGS FL 33071

Name Charles F. Thompson III

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

6624 NW 48 MAN

City CORAL SPRINGS

FL

Zip Code 33067

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

Charles F. Thompson III

(NOTE: Registered Agent signature required when reinstating)

4-27-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | THOMPSON, CHARLES F., III | |
| STREET ADDRESS | 10744 NW 8 CT | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 6624 NW 48 MANOR |
| CITY-ST-ZIP | CORAL SPRINGS FL 33067 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles F. Thompson III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01

934-
341-9089

CR2E034 (10/00)