

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-14-2001 90003 007 ***150.00

DOCUMENT # M64626

1. Entity Name

C AND L IMPORTS & EXPORTS, INC.

Principal Place of Business

Mailing Address

179 TOLLGATE BRANCH
 LONGWOOD FL 32750
 US

179 TOLLGATE BRANCH
 LONGWOOD FL 32750
 US

6996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2864000**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~POSEY, ERNEST~~
~~1461 HELENA CT.~~
~~DELTONA FL 32725~~

SVEN E. POSEY
1461 HELENA CT.
DELTONA, FL 32725

Name **SVEN E. POSEY**

Street Address (P.O. Box Number is Not Acceptable)
1461 HELENA CT.

City **DELTONA** FL Zip Code **32725**

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

Sven E. Posey

SVEN E. POSEY

6-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POSEY, LUKA T.	
STREET ADDRESS	179 TOLLGATE BRANCH	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	POD	<input type="checkbox"/> Delete
NAME	POSEY, SVEN E.	
STREET ADDRESS	1461 HELENA CT.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNEST A. POSEY	
STREET ADDRESS	5330 S.W. 64th CT.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sven E. Posey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

407-339-1548

Date

Daytime Phone #

CR2E034 (10/00)