

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76024

1. Entity Name

C & A BUILDINGS, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90013 032 ***150.00

Principal Place of Business

18350 PAULSON DRIVE
PORT CHARLOTTE FL 33948
US

Mailing Address

24166 YACHT CLUB BLVD.
PUNTA GORDA FL 33950-5386
US

00010459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. Cathie Grossman
Southwind

City & State

City & State 1850 W. Marion Ave. Apt. 133
Punta Gorda, FL 33980

4. FEI Number

65-0048614

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

GROSSMAN, CATHIE
24166 YACHT CLUB BLVD.
PUNTA GORDA FL 33955

Name

Cathie Grossman
Southwind

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

1850 W. Marion Ave. Apt. 133
Punta Gorda, FL 33980

City

33950

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 CATHIE GROSSMAN P.

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

(NOTE: Registered Agent signature required when terminating)

DATE

Cathie Grossman P. 1/16/2000

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, 2000 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 ☒ Delete
NAME GROSSMAN, CATHIE
STREET ADDRESS 24166 YACHT CLUB BLVD.
CITY-ST-ZIP PUNTA GORDA FL

TITLE PD. Cathie Grossman ☐ Change ☒ Addition
NAME Southwind
STREET ADDRESS 1850 W. Marion Ave. Apt. 133
CITY-ST-ZIP Punta Gorda, FL 33980

TITLE TV ☒ Delete
NAME WOLFF, DARLEEN
STREET ADDRESS 24166 YACHT CLUB BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33955

T.V. WOLFF, DARLEEN ☐ Change ☒ Addition
NAME 1250 W. MARION AVE
STREET ADDRESS #243
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE S ☐ Delete
NAME WOLFF, DIANE P
STREET ADDRESS 1250 W. MARION AVE., #143
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: CATHIE GROSSMAN P. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathie Grossman P. Feb 6, 2000
Date Daytime Phone