

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76024

1. Entity Name

C & A BUILDINGS, INC.

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90011 046 ***150.00

Principal Place of Business

18350 PAULSON DRIVE
PORT CHARLOTTE FL 33948
US

Mailing Address

CATHIE GROSSMAN SOUTHWIND
1650 W MARLON AVE APT 133
PUNTA GORDA FL 33955
US

2. Principal Place of Business

3. Mailing Address

1250 W. MARION AVE. #243

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. #243

City & State

City & State

PUNTA GORDA FL.

Zip

Country

Zip

Country

33950

4. FEI Number

65-0048614

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

GROSSMAN, CATHIE
1650 W MARION AVE APT 133
PUNTA GORDA FL 33955

Name

GROSSMAN, CATHIE

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

1250 W. MARION AVE

APT. 243

City

PUNTA GORDA FL FL

Zip Code

33950

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 Pres. Cathie Grossman 1/11/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GROSSMAN, CATHIE
STREET ADDRESS 1650 W MARION AVE APT 133
CITY-ST-ZIP PUNTA GORDA FL ☐ Delete

TITLE PD
NAME GROSSMAN, CATHIE
STREET ADDRESS 1250 W. MARION AVE. APT. 243
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change ☐ Addition

TITLE TV
NAME WOLFF, DARLEEN
STREET ADDRESS 1250 W MARION AVE 243
CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941
255-1927

CR2E034 (10/00)