

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90118 049 \*\*\*150.00

**DOCUMENT # M76024**

1. Entity Name  
**C & A BUILDINGS, INC.**



Principal Place of Business  
**18350 PAULSON DRIVE  
PORT CHARLOTTE FL 33948  
US**

Mailing Address  
**1250 W. MARION AVE #243  
APT. #243  
PUNTA GORDA FL 33950  
US**

**90003351**



2. Principal Place of Business

**119 GRAHAM ST SW**

3. Mailing Address

**119 GRAHAM ST. SW**

Suite, Apt. #, etc.

**PORT CHARLOTTE**

Suite, Apt. #, etc.

**PORT CHARLOTTE**

City & State

**FLORIDA**

City & State

**FLORIDA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0048614**

Applied For  
Not Applicable

Zip **33952**

Country

**Charlotte**

Zip **33952**

Country

**Charlotte**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GROSSMAN, CATHIE  
1250 W. MARION AVE  
APT. 243  
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **GROSSMAN, CATHIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**119 GRAHAM ST. SW  
PORT CHARLOTTE, FL.**  
City **FLORIDA** **FL** **33952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cathie Grossman Pres.* **1-14-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, CATHIE 119 GRAHAM STREET SW PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV WOLFF, DARLEEN 1250 W MARION AVE 243 PUNTA GORDA FL 33955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFF, DIANE P 1250 W. MARION AVE., #143 PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFF, DIANE P 1184 GREENOAK HERITAGE OAK PK. PORT CHARLOTTE, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathie Grossman Pres.* **1-14-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)