

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20176

1. Entity Name

C. C. K. C., INC.

Principal Place of Business

9715 56 ST. NO.  
P.O. BOX 16866  
TAMPA FL 33687

Mailing Address

9715 56 ST. NO.  
P.O. BOX 16866  
TAMPA FL 33687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

FISCHER, JIMMY C  
3315 HENDERSON BLVD.  
TAMPA FL 33609

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GRATTAN, JOHN F  
10405 N HARTIS DR  
TAMPA FL 33617 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
RIVERA, ANGEL S  
1918 TEEPEE DR  
TAMPA FL 33618 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
CONTE, GIORLANCO J  
7810 N. 53 ST  
TAMPA FL 33617 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JORGE T. AGUILARDO  
18902 Bellflower RD  
Tampa, FL 33647 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NICHOLAS M STRIPPOLI  
6311 E. Whiteway Dr.  
Temple Terrace, FL 33617 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 617, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 8/3 969-4026  
Date Daytime Phone #

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90012 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)