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CR2E034

## 2002 Uniform Business Report (UBR)

indicated on this report or supplement of the corporation or the receiver of the

changed, or on an atta

SIGNATURE

## Apr 03, 2002 8:00 am Secretary of State P00000007195 DOCUMENT # 1. Entity Name 04-03-2002 90012 032 \*\*\*150 00 C & C LAND CLEARING, INC. Principal Place of Business Mailing Address 4479 AVALON RD 4479 AVALON RD WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3619163 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEENE, CHRISTOPHER T Street Address (P.O. Box Number is Not Acceptable) 4479 AVALON RD WINTER GARDEN FL 34787 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Change ☐ Addition ☐ Delete KEENE, CHRISTOPHER T NAME NAME STREET ADDRESS 4479 AVALON RD STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the informati th was filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

id accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 11 or Block 12 if