


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90228 013 \*\*\*150.00

041241 AV

<b>DOCUMENT #</b> P00000016023	
1. Entity Name C & C CONCESSIONS, INC.	

Principal Place of Business 1000 KNOWLES ROAD BRANDON FL 33511	Mailing Address 1000 KNOWLES ROAD BRANDON FL 33511
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2. Principal Place of Business 809 E. BLOOMINGDALE AVENUE Suite/Apt. #, etc. #175	3. Mailing Address 809 E. BLOOMINGDALE AVENUE #175 Suite/Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State BRANDON, FL	City & State BRANDON, FL 33511-8113
Zip 33511-8113	Country US

4. FEI Number 65-0987279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CARPENTER, FRANKIE 1000 KNOWLES ROAD BRANDON FL 33511	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 809 E. BLOOMINGDALE AVENUE, #175  City BRANDON, FL FL Zip Code 33511-8113	
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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 <i>Frankie Carpenter</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>4/25/03</i> (NOTE: Registered Agent signature required when reinstating)

**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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CARPENTER, FRANKIE 1000 KNOWLES ROAD N. 809 E. BLOOMINGDALE AVENUE, #175 BRANDON FL 33511 BRANDON, FL 33511-8113 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: <i>Frankie Carpenter</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>4/25/03</i> Date	DAYTIME PHONE # Daytime Phone #
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CP2E034 (10/02)