

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90412 044 \*\*\*150.00

DOCUMENT # P000000 40351

1. Entity Name  
C+C Bobcat & Backhoe Services Inc.  
30335 Rainey Road  
Sorrento FL 32776

110900

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 30335 Rainey Rd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Sorrento FL		City & State	
Zip 32776	Country Lake	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3644590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Thomas J. Couch, Sr.	
Street Address (P.O. Box Number is Not Acceptable) 30335 Rainey Rd.	
City Sorrento	FL Zip Code 32776

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, Couch, Thomas J. Sr. 30335 Rainey Rd. Sorrento, FL 32776	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. Couch, Scotty 30335 Rainey Rd. Sorrento, FL 32776 <i>(Delete)</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas J. Couch, Sr.* Thomas J. Couch, Sr. 5/30/02 (407) 832-6996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)