

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90020 044 \*\*\*150.00

**DOCUMENT # P00000047583**

1. Entity Name

**C & C RENTAL PROPERTIES, INC.**

Principal Place of Business

**1357 ALTON ROAD  
PORT CHARLOTTE FL 33952**

Mailing Address

**1357 ALTON ROAD  
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

**4342 Ewing Circle**  
Suite, Apt. #, etc.

3. Mailing Address

**4342 Ewing Circle**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Port Charlotte FL**

City & State

**Port Charlotte FL**

4. FEI Number **EIN**

**65-1016975**

Applied For

☒ Not Applicable

Zip **33948**

Country

**USA**

Zip **33948**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DENO, COREY  
1357 ALTON ROAD  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

**Deno, Corey**

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

**4342 Ewing Circle**

City

**Port Charlotte**

FL

Zip Code

**33948**

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

**Corey Deno President**

**COREY DENO**

**4/3/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENO, COREY</b>	
STREET ADDRESS	<b>1357 ALTON ROAD</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUZIEMKOWSKI, COLLETTE</b>	
STREET ADDRESS	<b>1357 ALTON ROAD</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deno, Corey</b>	
STREET ADDRESS	<b>4342 Ewing Circle</b>	
CITY-ST-ZIP	<b>Port Charlotte FL 33948</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Deno, Collette</b>	
STREET ADDRESS	<b>4342 Ewing Circle</b>	
CITY-ST-ZIP	<b>Port Charlotte FL 33948</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Corey Deno**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**COREY DENO**

**4/3/01**

Date

**941-764-9335**

Daytime Phone #

CR2E034 (10/00)