

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000061285

FILED  
Mar 18, 2002 8:00 AM  
Secretary of State

Entity Name: C & G ENTERPRISES OF LEE COUNTY, INC.

## Current Principal Place of Business:

18671 LYNN RD.  
NORTH FT. MYERS, FL 33917

## New Principal Place of Business:

17490 EAST STREET  
SUITE # 2  
NORTH FT. MYERS, FL 33917

## Current Mailing Address:

18671 LYNN RD.  
NORTH FT. MYERS, FL 33917

## New Mailing Address:

17490 EAST STREET  
SUITE # 2  
NORTH FT. MYERS, FL 33917

FEI Number: 04-3619693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAHER, ROBERT T  
1601 JACKSON ST., STE. 201  
FT. MYERS, FL 33901 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRIFFITH, WILLIAM  
Address: 18671 LYNN RD.  
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: 0 ( ) Delete  
Name: CULVER, ROGER D  
Address: 2449 BRIDGE ROAD  
City-St-Zip: FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GRIFFITH

D

03/18/2002

Electronic Signature of Signing Officer or Director

Date