

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

DOCUMENT # P 00000022691

1. Entity Name 'C' PRODUCTS USA, Inc

FILED

02 MAY 28 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10138 VISTA POINTE DR

3. Mailing Address

Suite, Apt. #, etc. SAME

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

59-3661603

Applied For

Not Applicable

Zip

33635

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT K COHEN

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

2918 BUSCH LAKE BLVD

City

TAMPA

FL

Zip Code

33614

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

Robert K Cohen

4/7/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P, D
NAME JANET CHAMBERS
STREET ADDRESS 10138 VISTA POINTE DR
CITY-ST-ZIP TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
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201.25 - AR
10.00 - AR ARTS

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CR2034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet Chambers

Date

4-12-02

Daytime Phone #

813 854 1175