

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90028 039 ***150.00

DOCUMENT # P00000072723

1. Entity Name
C C SPORTSWEAR, INC.

Principal Place of Business
**1045 LAKE SHORE DR., #204
 LAKE PARK FL 33403**

Mailing Address
**1045 LAKE SHORE DR., #204
 LAKE PARK FL 33403**

2. Principal Place of Business
10315 IBIS RESERVE CIR.
 Suite, Apt. #, etc.

3. Mailing Address
10315 IBIS RESERVE CIR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BCH FL
 Zip
33412 Country
USA

City & State
WEST PALM BCH FL
 Zip
33412 Country
PALM USA

4. FEL Number
65-1029420

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CELL, CHARLES H
 1045 LAKE SHORE DR., #204
 LAKE PARK FL 33403**

7. Name and Address of New Registered Agent

Name - **CHARLES H CELL**
 Street Address (P.O. Box Number is Not Acceptable)
10315 IBIS RESERVE CIRCLE
 City **WEST PALM BCH FL** Zip **33412**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/1/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CELL, CHARLES H 1045 LAKE SHORE DR., #204 LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CELL, PATRICIA 1045 LAKE SHORE DR., #204 LAKE PARK FL 33403	<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

12. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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, name, or other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01 (561) 630 8899

CR2E034 (10/00)