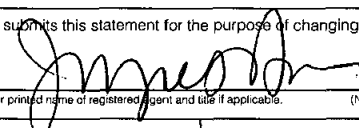


# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90081 030 \*\*\*550.00

<b>DOCUMENT # P00000081733</b>			
1. Entity Name <b>C &amp; C SPECIALTY SERVICES, INC.</b>			
Principal Place of Business <b>1336 S HOPKINS AVE TITUSVILLE FL 32780</b>		Mailing Address <b>1336 S HOPKINS AVE TITUSVILLE FL 32780</b>	
2. Principal Place of Business <b>1336 S. HOPKINS AV.</b>		3. Mailing Address <b>1336 S. HOPKINS AV.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TITUSVILLE FL</b>		City & State <b>TITUSVILLE FL</b>	
Zip <b>32780</b>	Country <b>U.S.A.</b>	Zip <b>32780</b>	Country <b>U.S.A.</b>
4. FEI Number <b>59-2473284</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SIBSON DOVE, JOYCE ETAL 203 N GADSDEN ST TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name <b>JOYCE SIBSON DOVE</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <b>9/8/01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAYTON, TODD 4253 HAMMOCK TR MIMS FL 32754</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAYTON, FERRELL 1815 LAKESIDE DR TITUSVILLE FL 32780</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  DATE **9/10/01** Daytime Phone # **321-720-0138**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)