

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90114 011 ***150.00

DOCUMENT # P01000032821

1. Entity Name

C & C of Jacksonville



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3142 Merrill Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3142 Merrill Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number

59-3718545

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Timothy Cassidy

Street Address: 3142 Merrill Blvd.

City: Jacksonville

FL

Code: 32250

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Timothy Cassidy

(NOTE: Registered Agent signature required when reinstating)

3-26-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P President
NAME: Timothy Cassidy
STREET ADDRESS: 3142 Merrill Blvd.
CITY-STATE-ZIP: Jacksonville FL 32250

TITLE: V Vice-President
NAME: Lori Cassidy
STREET ADDRESS: 3142 Merrill Blvd.
CITY-STATE-ZIP: Jacksonville, FL 32250

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Cassidy

Date

3-26-03

Daytime Phone #

904

545-4755

CR2E034B (12/02)