

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

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90031 039 \*\*\*150.00

DOCUMENT # P01000059952

1. Entity Name

C & C HARVESTING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. Box 1138

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1138

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LOXAHATCHEE FL

City & State  
LOXAHATCHEE FL

4. FEI Number

65-1116939

Applied For

Not Applicable

Zip

33470

Country

U.S.

Zip

33470

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LEON CUNNINGHAM, CPA

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

15043 95TH RD N

City

LOXAHATCHEE

FL

Zip Code

33470

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RAYMOND CUNNINGHAM P/T/D  
P.O. Box 1138  
LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LEON CUNNINGHAM S  
15043 95TH RD N  
LOXAHATCHEE FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL SIMS VP  
P.O. Box 1138  
LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (561) 722-1281

Date

Daytime Phone #

CR2E034B (12/01)