

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

DOCUMENT # P01000097460

1. Entity Name

C & R ASSOCIATES INC. OF TAMPA



FILED

03 OCT 30 PM 12:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4311 W. WATERS AVE.

3. Mailing Address

4311 W. WATERS AVE.

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

SUITE 203

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

HILLSBOROUGH

Zip

33614

Country

HILLSBOROUGH

4. FEI Number

593742438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEXISNEXIS DOCUMENT SOLUTIONS INC.

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

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

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

Kayla Webb, Asst Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-27-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
CHARLES BILLUPS
4311 W. WATERS AVE STE 203
TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROBERT RIVERA
4311 W. WATERS AVE.
TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

Date

(813) 564-1831

Daytime Phone #



Division of Corporations
ATTN: Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314

Attached please find a Uniform Business Report for C&R Associates, Inc. along with a check for \$150.

Should you have any questions regarding this situation, please do not hesitate to contact me at 813-569-1831.

Sincerely,

Robert Rivera
President
C&R Associates, Inc.

4311 W. Waters Avenue • Suite 203 • Tampa, Florida 33614 • Phone (813) 901-0029 • Fax (813) 901-0059
www.crassocinc.com

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