

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90097 011 \*\*\*150.00

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**DOCUMENT # P01000100686**

1. Entity Name  
**C & C CUSTOM LAWN CARE COMPANY**



Principal Place of Business  
**23044 OLD INLET BRIDGE DRIVE  
BOCA RATON FL 33433**

Mailing Address  
**23044 OLD INLET BRIDGE DRIVE  
BOCA RATON FL 33433**

2. Principal Place of Business  
**23044 Old Inlet Bridge**  
Suite, Apt. #, etc.

3. Mailing Address  
**23044 Old Inlet Bridge Drive**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State <b>Boca Raton Florida</b>		City & State <b>Boca Raton Florida</b>		4. FEI Number <b>65-1147095</b>	<input checked="" type="checkbox"/> Applied For Not Applicable
Zip <b>33433</b>	Country <b>United States</b>	Zip <b>33433</b>	Country <b>United States</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CERBONE, CHARLES C JR. 269 WILDWOOD CIRCLE DEERFIELD BEACH FL 33442</b>		7. Name and Address of New Registered Agent Name <b>Craig Fritz</b> Street Address (P.O. Box Number is Not Acceptable) <b>23044 Old Inlet Bridge Drive</b> City <b>Boca Raton</b> FL Zip Code <b>33433</b>	
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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 *Craig Fritz* DATE 4/8/2003  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FRITZ, CRAIG 23044 OLD INLET BRIDGE DR BOCA RATON FL 33433</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>VP CERBONE, CHARLES 269 WILDWOOD CR DEERFIELD BEACH FL 33442</b> <input checked="" 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
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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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Craig Fritz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2003  
Date

Daytime Phone #

CR2E034 (10/02)