

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90095 011 ***150.00

DOCUMENT # P01000104993

1. Entity Name
C-2-C TRANSPORT COMPANY, INC.

Principal Place of Business

**1207 ORIOLE BEACH RD
 GULF BREEZE FL 32563**

Mailing Address

**1207 ORIOLE BEACH RD
 GULF BREEZE FL 32563**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3753067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PHELPS, CHARLES L -
 1207 ORIOLE BEACH RD
 GULF BREEZE FL 32563**

7. Name and Address of New Registered Agent

Name

Charles Phelps

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

1207 Oriole Beach Rd

City

Gulf Breeze

FL

Zip Code

32563

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PS** ☐ Delete
 NAME **PHELPS, CHARLES L**
 STREET ADDRESS **1207 ORIOLE BEACH RD**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE **VT** ☐ Delete
 NAME **PHELPS, MENA D**
 STREET ADDRESS **1207 ORIOLE BEACH RD**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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: **Mena D Phelps**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 850-934-8020
 Date Daytime Phone #

CR2E034 (9/01)