

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90056 030 \*\*\*150.00



**DOCUMENT # P02000003115**

1. Entity Name  
**C&B ENTERPRISES OF CAPE CORAL, INC.**

Principal Place of Business  
**600 NE 16TH PL  
CAPE CORAL FL 33900**

Mailing Address  
**2704 SE 23RD AVE  
CAPE CORAL FL 33904**



2. Principal Place of Business  
**514 N.E. 16<sup>TH</sup> PL.**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE #6**

Suite, Apt. #, etc.

City & State  
**CAPE CORAL, FL.**

City & State

4. FEI Number  
**80-0037752**

Applied For  
Not Applicable

Zip  
**33909**

Country  
**U.S.A.**

Zip  
Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SCHUTT, DARRIN R  
STE C 1105 CAPE CORAL PKWY E  
CAPE CORAL FL 33904**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>HAROLD G. NORTH III</b>
CITY-ST-ZIP	<b>2704 SE. 23RD AVE. CAPE CORAL, FL. 33904</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICE - PRESIDENT</b>
STREET ADDRESS	<b>CHARLENE A. NORTH,</b>
CITY-ST-ZIP	<b>2704 S.E. 23RD AVE. CAPE CORAL, FL. 33904</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **HAROLD G. NORTH III PRESIDENT** **1-7-03** **239-574-9636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)