

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91438 020 ***150.00

DOCUMENT # P02000026983

1. Entity Name
C & C P.C. SOLUTIONS, INC.



Principal Place of Business
8 TEAK ROAD
OCALA FL 34472-8736

Mailing Address
8 TEAK ROAD
OCALA FL 34472-8736



2. Principal Place of Business

3. Mailing Address

15360 S.W. 22ND COURT RD.
Suite, Apt. #, etc.

15360 S.W. 22ND COURT RD.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

03-0398799

Applied For

Not Applicable

Zip

34473

Country

Zip

34473

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REITZ, TERRI E
8 TEAK ROAD
OCALA FL 34472-8736

Name

OAKLEY, CHRISTOPHER A.

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

15360 S.W. 22ND COURT ROAD

City

OCALA

FL

Zip Code

34473

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

Christopher A. Oakley
CHRISTOPHER A. OAKLEY

(NO Registered Agent signature required when reinstating)

3-18-03
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 **D** ☐ Delete
NAME **OAKLEY, CHRISTOPHER A**
STREET ADDRESS **15360 S.W. 22ND COURT ROAD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **D** ☒ Delete
NAME **REITZ, CRAIG D**
STREET ADDRESS **8 TEAK ROAD**
CITY-ST-ZIP **OCALA FL 34472-8736**

TITLE **D** ☒ Delete
NAME **REITZ, TERRI E**
STREET ADDRESS **8 TEAK ROAD**
CITY-ST-ZIP **OCALA FL 34472-8736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, SECRETARY, TREASURER** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Christopher A. Oakley
CHRISTOPHER A. OAKLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03
Date

352-347-1090
Daytime Phone #

CR2E034 (10/02)