

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

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90008 002 \*\*\*150.00

DOCUMENT # *PO2000069062*

1. Entity Name

C&C OF OCALA INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Ocala, Marion Co. Fl.

3. Mailing Address

5012 SE 7th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Fl.

City & State

Ocala, Fl.

4. FEI Number

04-3700727

Applied For

Not Applicable

Zip

34471

Country

Marion

Zip

34471

Country

Marion

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**54004450**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Jared A. Culver*

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

5012 SE 7th Place

City

Ocala

FL

Zip Code

34471

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

P S T  
Jared A. Culver  
5012 SE 7th Place  
Ocala, Fl. 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
Philip-Henry H. Culver  
5407 SE 35th. Loop  
Ocala, Fl. 34471

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:

*Jared A. Culver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jared A. Culver

Feb. 9, 2004

Date

352-694-5885

Daytime Phone #

CR2E034B (12/02)