

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

DOCUMENT # PO20000078316

1. Entity Name

CCC, Inc



FILED

03 DEC 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1664 Bayonne St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34231

Country

USA

Zip

Country

000025757100
REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0094442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Philip Clino

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

1664 Bayonne St

City

Sarasota

FL

Zip

34231

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

Philip Clino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/17/03

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
	<u>P</u>	<u>Philip Clino</u>	<u>1664 Bayonne St</u>
		<u>Sarasota, FL</u>	<u>34231</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**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:

Philip Clino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/03

Date

Daytime Phone #

CR2E034B (12/02)

December 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CCC, Inc.
P02000078316


Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. In late 2002, we changed locations and never received the renewal notice for tax year 2003.

Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,


Philip Cline, President

Enclosure