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

DOCUMENT # P02000095322

1. Entity Name

SIGNATURE:

C & D SERVICES, INC.



03 OCT 28 AM 9:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	DO NO	TWRITE	E IN THI	S SPA	ACE						_	
2. Principal P	Place of Business		3. Mailing Address				RFIN		ا نه د	FN		3
3172 WAALER STREET			3172 WAA		EET	-	1 (211		., 1		' <u>~</u>	
Suite, Apr. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State STUART, FL			City & State STUART, FL				4. FEI Number 14-1846103					plied For t Applicable
Zip 34997	U	Country S	Zip 34997	Country US			5. Certificate of Status Desired					
		-7.	-7. Name and Address of Current Registered Agent									
		NOT W THIS SF	Editor of the state of		Streel A 5606	COREY M. KIMMEI. Street Address (P.O. Box Number is Not Acceptable) 5606 SE MATOUSEK STREET						
	STUAF	RT	FL 3io Code 34997									
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 legistered agent.												
SIGNATURE Signature, typest or organization of registered alphit and time it applicable. INOTE: Registered Apart algoritative required when this straining. INOTE: Registered Apart algoritative required when this straining. DATE												
	After May 1, F	Fee is \$150.00 ee is \$550.00 3R is \$61.25 orida Department o			ection Campa ust Fund Con	aign Financing tribution.			O May Be to Fees			
10.	Р	OFFICERS AND	DIRECTORS			1 1 1 1		F/:13#2%	Statement of	3 25-1 - 1	11 4	
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of the cor	12. Thereby 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.											

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C & D SERVICES, INC 3172 WAALER STREET STUART, FL 34997 (772) 260-1839

October 21, 2003

Secretary of State Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

FEI Number: 14-1846103

Dear Sir or Madam:

Attached please find a check in the amount of \$150.00 for the 2003 Uniform Business Report.

I originally mailed this to your office in April 2003 and apparently it got lost in the mail. My business is a very small one and the additional penalty creates a hardship for the business. I respectfully request that you remove the penalty and accept this as payment in full.

Feel free to contact me should you have any questions.

Sincerely,

Corey M. Kimmel

Director