

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P.03000006946*

1. Entity Name

*C + C State General Contractors Inc*

FILED

04 FEB -2 PM 3:20

Principal Place of Business

Mailing Address

*C + C. STATE General CONTRACTORS, INC*

*23155 SW 182 Ave  
MIAMI FLA  
33170*

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

*23155 SW 182nd Ave*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI FLA*

City & State

*MIAMI FLA*

Zip

*33170*

Country

*USA*

Zip

*33170*

Country

*USA*

REINSTATEMENT 03-04

4. FEI Number

*Applied For.*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

*JAMES E. TICE  
16220 SW 280TH ST  
HOMESTEAD FLA  
33031*

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.

SIGNATURE

*James E. Tice*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *Pres*  
NAME *CARL J. CARLSON JR*  
STREET ADDRESS *23155 SW 182nd Ave*  
CITY-ST-ZIP *MIAMI FLORIDA*

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carl J. Carlson Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/04*

Date

Daytime Phone #

CR2E034 (11/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P03000006946**

1. Entity Name

Principal Place of Business **CAC STATE General CONTRACTORS, INC** Mailing Address **23155 SW.**

2. Principal Place of Business **23155 SW 182nd Ave** 3. Mailing Address **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami FLA**

City & State

4. FEI Number

Applied For  
Not Applicable

Zip **33170**

Country **Dade**

Zip

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

**JAMES E. TICE**  
**16220 SW 280TH ST.**  
**HEMESTEAD FLA 33031**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres**  
NAME **Carl, CARLSOU JR**  
STREET ADDRESS **23155 SW 182nd Ave**  
CITY-ST-ZIP **Miami FLA 33170**

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment

**JAMES E. TICE ASSOCIATES**

P03000006946

Accountants  
16220 S.W. 280th Street  
Homestead, Florida 33031

Telephone: (305) 247-3700  
Fax: Call First  
Cellular Phone: 305-322-5715

January 24, 2003

Florida Department of Revenue  
5050 W. Tennessee Street  
Tallahassee, Florida 32399

Gentlemen,

Re: C & C. State General Contractors, Inc  
P0300000 6946  
2003 Annual Report

Please be advised Mr. Carlson did not receive notification of filing for the 2003 annual report as he was just incorporated on 12/23/02.

Please accept this payment of \$150.00 for last years filing and \$ 150.00 for the current years filing.. Please find application forms enclosed.

Thank you for this consideration.

Sincerely,



James E. Tice  
Accountant