

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018551

1. Entity Name
CAIN & CAIN, INC.

Principal Place of Business
6163 FIRESTONE RD
JACKSONVILLE FL 32244

Mailing Address
6163 FIRESTONE RD
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 59-3176324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CAIN, MONICA G
6163 FIRESTONE RD
JACKSONVILLE FL 32244

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 MONICA CAIN

Monica Cain

10/20/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME CAIN, PALMA D
STREET ADDRESS 6163 FIRESTONE RD
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 400004719294--9
STREET ADDRESS -12/11/01--01075--026
CITY-ST-ZIP *****200.00 *****201.00

TITLE STD
NAME CAIN, MONICA G
STREET ADDRESS 6163 FIRESTONE RD
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 400004719294--9
STREET ADDRESS -12/11/01--01075--027
CITY-ST-ZIP *****550.00 *****550.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Monica G. Cain* MONICA G. CAIN

7/24/01

777-3317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0108979 AT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 PM 6:31



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)