

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087422

1. Entity Name

C & C JEFFERS, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90073 045 ***150.00

00033106



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5642 BOWDEN ROAD JACKSONVILLE FL 32216		Mailing Address 5642 BOWDEN ROAD JACKSONVILLE FL 32216																													
2. Principal Place of Business 8120 BEACH BLVD Suite, Apt. #, etc.		3. Mailing Address 8120 BEACH BLVD Suite, Apt. #, etc.																													
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL																													
Zip 32216	Country DUVAL	Zip 32216	Country DUVAL																												
4. FEI Number 59-3277477		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent JEFFERS, CLYDE M 5642 BOWDEN ROAD JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name JEFFERS CLYDE M. Street Address (P.O. Box Number is Not Acceptable) 8120 BEACH BLVD City JACKSONVILLE FL Zip Code 32216																													
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 DATE 4-6-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																													
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> PD CLYDE M. JEFFERS 5642 BOWDEN RD. JACKSONVILLE FL 32216 <input type="checkbox"/> Delete </td> </tr> <tr> <td> VPD CARLIS JEFFERS 5642 BOWDEN RD JACKSONVILLE FL 32216 <input type="checkbox"/> Delete </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLYDE M. JEFFERS 5642 BOWDEN RD. JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	VPD CARLIS JEFFERS 5642 BOWDEN RD JACKSONVILLE FL 32216 <input type="checkbox"/> Delete												<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8120 BEACH BLVD JACKSONVILLE FL 32216 </td> </tr> <tr> <td> 8120 BEACH BLVD JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8120 BEACH BLVD JACKSONVILLE FL 32216	8120 BEACH BLVD JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
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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		4-6-01 904-855-1400 <small>Date Daytime Phone #</small>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															

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