

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90373 010 ***150.00

DOCUMENT # P95000020306

1. Entity Name
C & D BUILDERS, INC.

Principal Place of Business
4239 SUNBEAM RD
SUITE 1
JACKSONVILLE FL 32257
US

Mailing Address
P. O. BOX 57354
JACKSONVILLE FL 32241
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3358203	Applied For	☐
		Not Applicable	☐
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	
SHACKELFORD, KAREN		Name	
4239 SUNBEAM RD #1		Street Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32257			
		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 Karen Shackelford DATE 4/21/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VPD	TITLE	
NAME	DUBBERLY, VERNON	NAME	
STREET ADDRESS	P.O. BOX 57354 N/A	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32241	CITY-ST-ZIP	
TITLE	PDT	TITLE	
NAME	SHACKELFORD, KAREN	NAME	
STREET ADDRESS	7305 AMANDAS CROSSING DRIVE, S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	SHACKELFORD, JERRY	NAME	
STREET ADDRESS	7305 AMANDAS CROSSING DRIVE, S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Karen Shackelford Date: 4/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)