

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90253 042 \*\*\*150.00

**DOCUMENT # P95000054810**

1. Entity Name  
**C B L & C, INC.**

Principal Place of Business  
**5012 FIRST COAST HIGHWAY**  
**AMELIA ISLAND FL 32034**  
**US**

Mailing Address  
~~P O BOX 6159~~  
~~AMELIA ISLAND FL 32035~~



2. Principal Place of Business

3. Mailing Address

**5012 First Coast Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Amelia Island, FL**

4. FEI Number

**65-0598342**

Applied For

Not Applicable

Zip

Country

Zip  
**32034**

Country  
**USA**

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

**ARONECK, CHARLES**  
**5012 FIRST COAST HIGHWAY**  
**AMELIA ISLAND FL 32035**

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**  
NAME  
**ARONECK, CHARLES M**  
STREET ADDRESS  
**1832 BUCCANEER DR**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32225**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

**Charles Aroneck**

**4/23/02**

Date

**904 261 9444**

Daytime Phone #

CR2E034 (9/01)