

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90037 018 ***558.75

0118849 AT

DOCUMENT # P96000006267

1. Entity Name

C & R CUSTOM HOMES & RENOVATIONS, INC.



Principal Place of Business
**6767 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256**

Mailing Address
**P O BOX 2295
PONTE VEDRA BEACH FL 32204-2295**



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 **59-3359872**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAIN, RICHARD
14105 MANDARIN OAKS LN
JACKSONVILLE FL 32223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAIN, JANET	
STREET ADDRESS	14104 MANDARIN OAKS LN	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAIN, RICHARD	
STREET ADDRESS	14104 MANDARIN OAKS LN	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LANCASTER, ANITA	
STREET ADDRESS	5129 OTTER CREEK DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MAY, MELISSA	
STREET ADDRESS	5972 COUNTY ROAD 209 S	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	109 MAYFAIR LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	109 MAYFAIR LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/03

CFR2E094 (4/03)