

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90239 023 ***150.00

0632403 FP

DOCUMENT # P96000042434

1. Entity Name

C & A SOD, INC.

Principal Place of Business

**324 WEATHERBEE ROAD
 FORT PIERCE FL 34982**

Mailing Address

**324 WEATHERBEE ROAD
 FORT PIERCE FL 34982**

2. Principal Place of Business

2029 S. 26th St.
 Suite, Apt. #, etc.

3. Mailing Address

2029 S. 26th St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce FL

City & State

Ft. Pierce FL

4. FEI Number

65-0667660

Applied For

Not Applicable

Zip

34947

Country

St. Lucie

Zip

34947

Country

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOLLOWAY, LEWIS A 324 WEATHERBEE ROAD FORT PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOLLOWAY, STARLYN N 324 WEATHERBEE ROAD FORT PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Holloway, Lewis A. 2029 S. 26th St. Ft. Pierce, FL 34947	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Holloway, Starlyn N 2029 S. 26th St. Ft. Pierce, FL 34947	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(l), 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:

Starlyn Holloway
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02 772466704
 Date Daytime Phone #

CR2E034 (9/01)