

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 027 ***150.00

DOCUMENT # P96000064899

1. Entity Name

CCC BROKERAGE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
98 Harper St.

3. Mailing Address
P.O. Box 3933

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Crawfordville, FL

City & State
Tallahassee, FL

4. FEI Number
59-3396908

Applied For
☐ Not Applicable

Zip 32327 **Country** Wakulla

Zip 32315 **Country** Leon

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Fletcher Christian

Street Address (P.O. Box Number is Not Acceptable)

98 Harper St.

City Crawfordville, **FL** **Zip Code** 32327

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P. Fletcher Christian
NAME P.O. Box 1208
STREET ADDRESS Crawfordville, FL 32326
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S. Deborah Christian
NAME P.O. Box 1208
STREET ADDRESS Crawfordville, FL 32326
CITY-ST-ZIP

TITLE
NAME
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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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)