## FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 1996000064899

C.C.C. BROKERAGE, INC.

## FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90155 009 \*\*\*150.00

DO NOT WRITE IN THIS SPACE					70034692		
2. Principal Place of Business		3. Mailing Address					
98 Harper St		P.O. BOx 1208			]		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied		
Crawford	lville, FL	Crawfordvill		326	59-3396908	Not Applicable	
Zip	Country Wakulla	Zip 32326	Country Wakulla		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
34341		his i chimi di manda	E-e	7	7. Name and Address of Current Register	ed Agent	
DO NOT WRITE					Fletcher Christian		
DO NOT WRITE Street Address (RO. Box Number is Not Acceptable)							
	IN THIS SP	PACE		98	Harper St.		
			<b>乾海红生,44年</b>		ordville, F	- 32321	
the obligation of	entity submits mis statement for egistered agent.	<u> </u>	registered office or		ed agent, or both, in the State of Florida. I am	familiar with, and accept	
	- May 1 Fee is \$150.00	(and the appropriate of the second	E. Hogistorou Agont Signati		, and the same of		
After N Amer	May 1, Fee is \$550.00 ided UBR is \$61.25				Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Sales of the Art and order of the Local Section of State Line	le to Florida Department o OFFICERS AND	Control of the Contro	i da sa	47 47 4.			
10.	OFFICERS AND	DIRECTORS	*****				
TITLE NAME			TITLE				
STREET ADDRESS	President 💛		STREET ADDRESS				
CHY-ST-ZIP	Fletcher Chr		CITY-ST-71P				
	P.O. Box 120	3 Crawfordvil	l €	Market Market			
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	at the information assertion scient	h this filing does not smallfulfe	(A. 2017) 15 A. 2017 (A. 2017)	nd in Co-	stion 119.07(3)(i), Florida Statutes. I further co	artifu that the information	
*** Thereby certify the	асы өлгөн навон <b>хирр</b> ие <b>й жи</b>	agama ming accs not quality to	r me evemblion Sigi	50 III 380	mon in alongają, monda atatutės, murtner ce	army marme mornation	

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an add ass, with all officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-562-6871

Date

Daytime Phone #