

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000083751**

1. Entity Name
C & C CONSTRUCTION AND ENGINEERING, INC.



**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90161 046 ***150.00

1892610
AV

Principal Place of Business
1525 EAST AMELIA ST
ORLANDO FL 32819
US

Mailing Address
2152 14TH CIR. NORTH
ST. PETERSBURG FL 33713
US

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** **5. Certificate of Status Desired** **6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**

59-3405164 Applied For
 Not Applicable

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

**KEATOR, CLARK L
1525 EAST AMELIA ST.
ORLANDO FL 32803**

Name

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

City

FL Zip Code

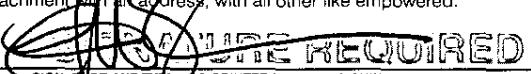
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P KEATOR, CLARK L 5604 BAYBROOK AVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHERER, CLARK H III 2152 14TH CIR. NORTH ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12APR2003 7273218111

Date

Daytime Phone #

CR2E034 (10/02)