

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040492

1. Entity Name

C & C MORTGAGE SERVICES INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90009 027 ***150.00

Principal Place of Business

Mailing Address

1442 MAIN ST
DUNEDIN FL 34698
US

1442 MAIN ST
DUNEDIN FL 33770-2639
US

2. Principal Place of Business

3. Mailing Address

2979 W. Bay Dr
#20

2979 W. Bay Dr.
#20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belleair Bluffs FL

Belleair Bluffs FL

Zip

Country

Zip

Country

33770 Pinellas

33770 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756086

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREEGAN, CARLA
2979 W BAY DRIVE
SUITE #9
BELLEAIR BLUFF FL 33770

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CREEGAN, CARLA F
STREET ADDRESS 1621 GULF BLVD. #306
CITY-ST-ZIP CLEARWATER FL 34630

TITLE D ☒ Delete
NAME STEPHENS, CYNTHIA D
STREET ADDRESS 1050 STARKEY RD. #205
CITY-ST-ZIP LARGO FL 33771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 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

CARLA Faye Creegan
President

727-517-8830

Date

Daytime Phone #