

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90047 043 \*\*\*150.00

**DOCUMENT # P97000040492**

1. Entity Name

**C & C MORTGAGE SERVICES INC.**

Principal Place of Business

Mailing Address

2979 W. BAY DR  
 #20  
 BELLEAIR BLUFFS FL 33770  
 US

2979 W. BAY DR  
 #20  
 BELLEAIR BLUFFS FL 33770  
 US

**C0013207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*2051 West Bay Dr #B*

*2051 West Bay Dr #B*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*B*

*B*

City & State  
*Largo FL*

City & State  
*Largo FL*

Zip  
*33770*

Country  
*USA*

Zip  
*33770*

Country  
*USA*

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 *Creegan, Carla*

Street Address (P.O. Box Number is Not Acceptable)  
*2051 West Bay Dr #B*

City *Largo* FL Zip Code *33770*

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 *Carla F. Creegan* *Carla F. Creegan* *1-24-01*  
 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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>CREEGAN, CARLA F</b>	<b>1621 GULF BLVD. #306</b>	<b>CLEARWATER FL 34630</b>	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Carla F. Creegan* *Carla F. Creegan* *(727) 517-8830*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)