

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90119 026 ***150.00

C0009125



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000075650

1. Entity Name

C & A COUNTERTOPS, INC.

Principal Place of Business

Mailing Address

11526 DEAN ST
BONITA SPRINGS FL 34125
US

11526 DEAN ST
BONITA SPRINGS FL 34135-5917
US

2. Principal Place of Business

3. Mailing Address

1408 Railhead Blvd
Suite, Apt. #, etc.

1408 Railhead Blvd
Suite, Apt. #, etc.

City & State

City & State

N. Naples FL
Zip 34110 Country U.S.A.

N. Naples FL
Zip 34110 Country U.S.A.

4. FEI Number

59-3468410

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

WARD, JILL A
11526 DEAN STREET
BONITA SPRINGS FL 34125

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	<input type="checkbox"/> Delete
NAME	WARD, DEREK	
STREET ADDRESS	11526 DEAN ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 34125	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, JILL A	
STREET ADDRESS	11526 DEAN ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 34125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

941-513-9782

Daytime Phone #

CR2E034 (9/99)