

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
 01-26-2001 90163 004 ***150.00

DOCUMENT # P97000075829

1. Entity Name

C & C AUTO SALES OF FORT MYERS, INC.

Principal Place of Business

**8624 E. PARK
 FORT MYERS FL 33907-4150**

Mailing Address

**8624 E. PARK
 FORT MYERS FL 33907-4150**

2. Principal Place of Business

2335 CRYSTAL DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9

City & State

FT MYERS FL

City & State

Zip

33907

Country

USA

Zip

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Country

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4. FEI Number

65-0791453

Applied For

Not Applicable

5. Certificate of Status Desired ☐ -

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CANALES, TERESA S
 8624 E PARK
 FT MYERS FL 33907**

7. Name and Address of New Registered Agent

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, 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

TITLE **PD** ☐ Delete
 NAME **CANALES, ADAM**
 STREET ADDRESS **8624 EAST PARK STREET**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **VD** ☐ Delete
 NAME **CANALES, ADAM III**
 STREET ADDRESS **2243 IVY AVENUE**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **SD** ☐ Delete
 NAME **CANALES, SENAIDA**
 STREET ADDRESS **4812 WEST DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **~~PD~~ CANALES,** ☐ Delete
 NAME **~~CANALES, TERESA S~~**
 STREET ADDRESS **8624 E PARK**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: ***Teresa S. Canales***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA S. CANALES

1-17-01 (941) 236-7969

Date

Daytime Phone #

CR2E034 (10/00)