2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000075829

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FORT MYERS, FL 33907

FORT MYERS, FL 33907

CANALES, TÈRESA

8624 E PARK

() Delete

Entity Name: C & C AUTO SALES OF FORT MYERS, INC.

FILED Jan 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2335 CRYSTAL DR 2335 CRYSTAL DR #10 FORT MYERS, FL 339074150 FORT MYERS, FL 339074150 **Current Mailing Address: New Mailing Address:** 8624 E. PARK FORT MYERS, FL 339074150 FEI Number: 65-0791453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANALES, TERESA S 8624 F PARK FT MYERS, FL 37907 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CANALES, ADAM Name: Name: 8624 EAST PARK STREET Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: CANALES, ADAM III Name: 2243 IVY AVENUE Address: Address: FORT MYERS, FL 33907 City-St-Zip: City-St-Zip: Title: Title: SD () Delete SD (X) Change () Addition CANALES, SENAIDA CANALES, SENAIDA Name: Name: 4812 WEST DRIVE 2230 FLORA AVENUE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FORT MYERS, FL 33907

() Change () Addition

SIGNATURE: TERESA S. CANALES T 01/29/2003