

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

04 JUL 13 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000093065**

1. Entity Name

C & E FINANCIAL SERVICES, INC.



Principal Place of Business

**5446 OAK BRANCH DR.
LAKE WORTH FL 33463**

Mailing Address

**5446 OAK BRANCH DR.
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03-04

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0743524**

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

**RIDGEWAY, C. EMANUEL
5446 OAK BRANCH DR.
LAKE WORTH FL 33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RIDGEWAY, ROBERT**
STREET ADDRESS **6382 WOODLAND FORREST DR**
CITY-ST-ZIP **TUSCALOOSA AL 35405**

☐ Change ☐ Addition
NAME **100039125561**
STREET ADDRESS **07/14/04--01046--002 **150.00**
CITY-ST-ZIP

TITLE **Emanuel Ridgeway, Pres.** ☐ Delete
NAME **5446 Oak Branch Drive**
STREET ADDRESS **lake worth, FL. 33463**
CITY-ST-ZIP

☐ Change ☐ Addition
NAME **100039125561**
STREET ADDRESS **07/14/04--01046--003 **150.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Emanuel Ridgeway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6101104 (56) 433-5885
4-15-03 (56) 433-5885

Date

Daytime Phone #

20f3

097 P970000938061

October 9, 2003

Florida Department of State
Attn: Katherine Harris
Secretary of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that the initial Annual Business Report was filed in a timely manner and a check was also enclosed.

I received a notice from your department in July 2003, stating that we had until September 30, 2003 to file the Annual Business Report. It was unclear to me what this correspondence was for; which was sent from your office. And which we had already forward the proper documents.

Enclosed you will find a check, along with the Annual Business Report for your review.

In reminder, I encountered the same problem last year. I was dealing with your representative by the name of Tyrone and he was able to clear up this matter and the problem still exists in the current year.

I've tried on numerous occasions to contact your office. Due to the reorganization of your office, I was unable to speak to someone live.

Your assistance is greatly needed and appreciated in handling this matter.

Sincerely,


C & E Financial Services

Alla chomut

3013
Doc P97000093065

March 5, 2004

Florida Department of State
Attn: Katherine Harris
Secretary of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to inform you that the initial Annual Business Report was filed in a timely manner and a check was also enclosed.

I received a notice from your department in July 2003, stating that we had until September 30, 2003 to file the Annual Business Report. Because proper documents were previously submitted it was unclear as to why this correspondence was received.

Enclosed you will find a check, along with the Annual Business Report for your review.

Unfortunately this problem continues to occur. Last year while trying to resolve the issue, I spoke with a representative from your office, Tyrone, who was very helpful in coming to a resolution. Since then, perhaps due to reorganization within your office, I have been unsuccessful in contacting a representative whom I can speak to directly.

Your assistance is greatly needed and appreciated in handling this matter.

Sincerely,


C & E Financial Services



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 10, 2004

C & E FINANCIAL SERVICES, INC.
5446 OAK BRANCH DR.
LAKE WORTH, FL 33463

SUBJECT: C & E FINANCIAL SERVICES, INC.
Ref. Number: P97000093065

We have received your document for C & E FINANCIAL SERVICES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Because your reinstatement was not completed in time for you to receive a annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$300.00.

The person that signed the reinstatement application is not listed as an officer/director of the corporation. Please list the person signing as an officer/director in the appropriate space or on an attachment with a street address.

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M. Shivers
Document Specialist

Letter Number: 004A00016159