

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106095

1. Entity Name

C.C. & A. CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

7028 W. WATERS AVE
SUITE 143
TAMPA FL 33634
US

7028 W. WATERS AVE
SUITE 143
TAMPA FL 33634-2292
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PMB #143

Suite, Apt. #, etc.

PMB #143

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3482104

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, EDWARD P
6846 MITCHELL CIRCLE
TAMPA FL 33634-2938

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)

X

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.

X

\$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
CDVP
COX, PAIGE A
6846 MITCHELL CIRCLE
TAMPA FL 33634-2938

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COX-RUSSELL, PAIGE A.

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CRAIG, ALAN R
3820 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
125 CRESTWOOD LANE
LARGO, FL 33770

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
RUSSELL, EDWARD P
6846 MITCHELL CIRCLE
TAMPA FL 33634-2938

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/2000 800 850-2561

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90015 043 ***158.75

916008



DO NOT WRITE IN THIS SPACE