

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038611

1. Entity Name
N & C ENTERPRISES, INC.



FILED

03 DEC -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
107 FRONT STREET #214
KEY WEST FL 33041

Mailing Address
P.O. BOX 515
KEY WEST FL 33041



2. Principal Place of Business

3. Mailing Address

815 PEACOCK PLZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY WEST, FL

Zip

Country

Zip

33040

Country

REINSTATEMENT

4. FEI Number 65-0876504

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

GILMORE, CHARLES R
107 FRONT STREET #214
KEY WEST FL 33041

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILMORE, CHARLES R
107 FRONT STREET #214
KEY WEST FL 33041 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILMORE, NORMA J
107 FRONT STREET #214
KEY WEST FL 33041 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000024489750
12/03/03--01014--025 **\$200.00
000024489750
11/06/03--01054--004 **\$550.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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 an other-like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)