

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90402 031 ***150.00

0322273

DOCUMENT # P98000039847

1. Entity Name
C. THE FUTURE, INC.

Principal Place of Business

Mailing Address

~~101 60 9 AVE~~
~~WAUCHULA FL 33873~~
333 Peabody Circle
Avon Park, FL 33825

~~101 50 9 AVE~~
~~WAUCHULA FL 33873~~
P.O. Box 216
Avon Park, FL
33826

00060011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0836346**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

33825
33873
33826
HIGHLANDS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNDERWOOD, CARISSA
101 50 9 AVE
WAUCHULA FL 33873
333 Peabody Circle
Avon Park, FL
33825

Name

Street Address (P.O. Box Number is Not Acceptable)

WAUCHULA
Avon Park

City

FL

Zip Code **33873**

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 *Carissa Underwood*

CARISSA UNDERWOOD

3/23/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	UNDERWOOD, CARISSA	
STREET ADDRESS	101 S. 9TH AVENUE	
CITY-ST-ZIP	333 Peabody Circle WAUCHULA FL 33873 Avon Park FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Carissa Underwood* **CARISSA UNDERWOOD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2001
 Date

Daytime Phone #

CR2E034 (10/00)