

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90098 008 \*\*\*150.00

0065001 AV

**DOCUMENT # P98000043478**

1. Entity Name

C & C ENTERPRISES OF NWF, INC.



Principal Place of Business

2520 JONES ST  
MILTON FL 32570

Mailing Address

2520 JONES ST  
MILTON FL 32570

2. Principal Place of Business

5676 Jones St.

3. Mailing Address

5676 Jones St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32570

Country

USA

Zip

32570

Country

USA

4. FEI Number

59-3510648

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EAST, CHARLES D JR.  
2520 JONES ST  
MILTON FL 32570

7. Name and Address of New Registered Agent

Name East, Charles D. JR.

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

5676 Jones St.

City Milton

FL

Zip Code 32570

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

*Charles D. East Jr.*

Charles D. East Jr.

4-5-03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
NAME	EAST, CHARLES D JR.	
STREET ADDRESS	2520 JONES ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EAST, CINDY R	
STREET ADDRESS	2520 JONES ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	East, Charles D. JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	East, Charles D. JR.	
STREET ADDRESS	5676 Jones St.	
CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles D. East Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03

Date

850-255-8211

Daytime Phone #

CR2E034 (10/02)