

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90311 038 ***150.00

DOCUMENT # P99000043966

1. Entity Name

CCRR ENTERPRISES, INC.

Principal Place of Business

**3856 MCKAY CREEK DRIVE
LARGO FL 33770**

Mailing Address

**3856 MCKAY CREEK DRIVE
LARGO FL 33770**

2. Principal Place of Business

360 LA Hacienda

Suite, Apt. #, etc.

3. Mailing Address

360 LA Hacienda

Suite, Apt. #, etc.

City & State

Indian Rocks Beach, FL

City & State

Indian Rocks Beach, FL

Zip

33785

Country

USA

Zip

33785

Country

USA4. FEI Number **59-3576190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****FINKE, CHERYL D
3856 MCKAY CREEK DRIVE
LARGO FL 33770****7. Name and Address of New Registered Agent**

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) ☐**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**

TITLE	P	<input type="checkbox"/> Delete
NAME	FINKE, ROY H	
STREET ADDRESS	360 LA HACIENDA	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	

TITLE	S	<input type="checkbox"/> Delete
NAME	FINKE, SHERLY CHERYL	
STREET ADDRESS	3856 MCKAY CREEK DR	
CITY-ST-ZIP	LARGO FL 33770	

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

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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input 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:**Cheryl Finke, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-5-00**

Date

727-581-3987

Daytime Phone #

CR2034 (10-00)