

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068081

1. Entity Name
C & C BUSINESS, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90089 024 ***150.00

Principal Place of Business

C/O LINDA COSENZA
611 SHORE DRIVE E
OLDSMAR FL 34677

Mailing Address

C/O LINDA COSENZA
611 SHORE DRIVE E
OLDSMAR FL 34677

00036277



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~611 Shore Dr E~~
~~Suite, Apt., etc.~~

Mailing Address

~~611 Shore Dr E~~
~~Suite, Apt., etc.~~

City & State

~~OLDSMAR FL~~

~~Zip~~
~~34677~~

~~Country~~
~~USA~~

City & State

~~OLDSMAR FL~~

~~Zip~~
~~34677~~

~~Country~~
~~USA~~

4. FEI Number **59-3590192**

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

COSENZA, LINDA
611 SHORE DRIVE E
OLDSMAR FL 34667

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

Linda Cosenza

No Changes

(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** ☐ Delete
NAME **COSENZA, LINDA**
STREET ADDRESS **611 SHORE DR E**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **S** ☒ Delete
NAME **COSENZA, LINDA**
STREET ADDRESS **611 SHORE DR E**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE **TVP** ☐ Delete
NAME **COFFMAN, CLAY**
STREET ADDRESS **611 SHORE DR E**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: *Linda Cosenza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Cosenza Pres. 04110101 78524141

Date Daytime Phone #

CR2E034 (10/00)