

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P990000068318**

1. Entity Name

C & S Big Momma's**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90037 001 ***150.00

Principal Place of Business

Mailing Address

492 W. Martin Luther King Boulevard
Crestview, FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3595459

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A & A Bookkeeping & Tax Services
1455 S. Ferdon Blvd., Ste. A-1
Crestview, FL 32539Name
Jenel L. CillsStreet Address (P.O. Box Number is Not Acceptable)
10 Courtney LaneCity
Crestview**FL**Zip Code
32536

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.

Jenel L. Cills - Vice President**4/28/2000**

DATE

9. This corporation is eligible to satisfy its tripartite
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P Shirley Robinson	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	10 Courtney Lane		
	Crestview, FL 32536		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP/D
			Jenel L. Cills
			10 Courtney Lane
			Crestview, FL 32536
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENEL L. CILLS**4/28/2000**

Date

Daytime Phone #

CR2E034 (9/99)