

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076470

1. Entity Name
C & C VENDING, INC.

Principal Place of Business
4355 SILVERWOOD LANE
JACKSONVILLE FL 32207

Mailing Address
4355 SILVERWOOD LANE
JACKSONVILLE FL 32207

2. Principal Place of Business
2132 Mesa Grande Ln.
Suite, Apt. #, etc.

3. Mailing Address
2132 Mesa Grande Ln.
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32224
Country
USA

City & State
Jacksonville, FL
Zip
32224
Country
USA

4. FEI Number 59-3593175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACUFF, CHRIS
4355 SILVERWOOD LANE
JACKSONVILLE FL 32207

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ACUFF, CHRIS
4355 SILVERWOOD LANE
JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
DEVENNY, CHRIS
BOX 326 S 3RD ST
JACKSONVILLE FL 32250 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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:  CHRIS A. ACUFF 4-23-01 220-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90078 005 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)