

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110088

1. Entity Name

C&C PAINTING CONTRACTORS INC.

FILED

May 13, 2000 8:00 am  
Secretary of State

05-13-2000 90012 045 \*\*\*150.00

Principal Place of Business

10407 LIGHTEN BRIDGE DRIVE  
TAMPA FL 33626

Mailing Address

10407 LIGHTEN BRIDGE DRIVE  
TAMPA FL 33626

043400

2. Principal Place of Business

10407 LIGHTNER BRIDGE DR.

3. Mailing Address

10407 LIGHTNER BRIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Tampa, FL.

4. FEI Number

59-3617521

☒ Applied For

☐ Not Applicable

Zip

33626

Country

U.S.

Zip

33626

Country

U.S.

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

CUBAS, CARLOS A  
10407 LIGHTEN BRIDGE DRIVE  
TAMPA FL 33626

Name

Same

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
CUBAS, CARLOS A  
10407 LIGHTEN BRIDGE DRIVE  
TAMPA FL 33626

☐ Delete

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 (813) 917-1205

Date

Daytime Phone #