

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45893

1. Entity Name

C AND D COMMUNICATIONS INC.

Principal Place of Business

3321 PRINCETON RD
BROOKSVILLE FL 34609
US

Mailing Address

PO BOX 6256
SPRING HILL FL 34611-6256
US

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

59-3064540

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

MOONEY, DEBBIE M.
13454 CHAMBORD ST.
BROOKSVILLE FL 34613

Name

Street Address (P.O. Box Number is Not Acceptable)

3321 PRINCETON ROAD

City

BROOKSVILLE

FL

Zip Code

34609

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 Debbie M. Mooney
Signature, typed or printed name of registered agent and title if applicable.

Debbie M. Mooney / Secretary Treas.
(NOTE: Registered Agent signature required when reinstating)

4-24-00
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	P	<input type="checkbox"/> Delete
NAME	MOONEY, CLAUDE K.	
STREET ADDRESS	7230 GALLOWAY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOONEY, DEBBIE M.	
STREET ADDRESS	7230 GALLOWAY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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: Debbie M. Mooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00
Date

(352) 796-2300
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)