

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S45893**

1. Entity Name

C AND D COMMUNICATIONS INC.

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90133 029 ***158.75

0538916 AV

Principal Place of Business 3321 PRINCETON RD BROOKSVILLE FL 34609 US	Mailing Address PO BOX 6256 SPRING HILL FL 34611-6256 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		SOUTH BROWARD ACCOUNTING SERVICE, INC. 1152 N. UNIVERSITY DRIVE, SUITE 202 PENSACOLA PINES, FL 33024	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3064540	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MOONEY, DEBBIE M.
3321 PRINCETON RD
BROOKSVILLE FL 34609**

7. Name and Address of New Registered Agent

Name MIRTA Chediak
Street Address (P.O. Box Number is Not Acceptable) 210
City SOUTH BROWARD ACCOUNTING SERVICE, INC. FL
Zip Code 1152 N. UNIVERSITY DRIVE, SUITE 202 PENSACOLA PINES, FL 33024

8. The above named entity submits this statement for the purpose of changing its registered office to the place designated, or both, in the State of Florida.

SIGNATURE *[Signature]*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/6/02**

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, 2002 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	P MOONEY, CLAUDE K. 7230 GALLOWAY ROAD BROOKSVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOONEY, DEBBIE M. 7230 GALLOWAY ROAD BROOKSVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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]* **DEBBIE M. MOONEY** **2-12-02** **(352) 796-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)