

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71617

1. Entity Name

C & W TRANSPORT, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90214 009 ***150.00

Principal Place of Business

Mailing Address

~~317 ENTERPRISE ST~~
~~OC000 FL 34761~~

~~317 ENTERPRISE ST~~
~~OC000 FL 34761 3001~~

2. Principal Place of Business

703 Hennis Rd

3. Mailing Address

703 Hennis Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Garden, FL

City & State

Winter Garden FL

4. FEI Number

59-3076345

Applied For

Not Applicable

Zip

34787

Country

Orange

Zip

34787

Country

Orange

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

CREEDEN, CHARLES W.
4018 GOLFSIDE DRIVE
ORLANDO FL 32808

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

Charles W. Creeden

Pres.

4-11-00

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 VP ☐ Delete
NAME CREEDEN, KRIS M.
STREET ADDRESS 1120 HAWTHORNE COVE DRIVE
CITY-ST-ZIP OC000 FL

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

TITLE S ☐ Delete
NAME CREEDEN, GLORIA
STREET ADDRESS 4018 GOLFSIDE DR
CITY-ST-ZIP ORLANDO FL

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

TITLE VP ☐ Delete
NAME CREEDEN, KEVIN A.
STREET ADDRESS 1750 CROWN POINT WOODS CIRCLE
CITY-ST-ZIP OC000 FL

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

TITLE P ☐ Delete
NAME CREEDEN, CHARLES W.
STREET ADDRESS 4018 GOLFSIDE DRIVE
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00

407 877 2600

CR2E034 (9/99)