

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0123694 AT

DOCUMENT # V26154

1. Entity Name
C & W MOTORS, INC.



FILED

03 DEC 26 AM 9:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03
☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1138 MAIN ST
CHIPLEY FL 32428
US

Mailing Address
1138 MAIN ST
CHIPLEY FL 32428
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 59-3116830

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

COPE JR, WILLIAM LYNN

808 WEST 8TH STREET CIRCLE

LYNN HAVEN FL 32444

Name

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

700024394077

11/04/03--01010--014 **550.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Lynn Cope Jr
Signature, typed or printed name of registered agent and title applicable.

William Lynn Cope Jr
(NOTE: Registered Agent signature required when reinstating)

12/24/03
DATE

FILE-NOW!!! -FEE IS-\$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS
NAME COPE, CHARLOTTE A
STREET ADDRESS 808 W 8TH STREET CIRCLE
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

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

TITLE PT
NAME COPE, WILLIAM LYNN JR
STREET ADDRESS 808 W 8TH STREET CIRCLE
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700024394077
12/17/03--01009--014 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlotte A Cope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte A Cope 08/11/03 8506285144
Date Daytime Phone #

CR2E034 (4/03)