

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90026 004 ***150.00

DOCUMENT # 248762

1. Entity Name

CREWS AND GARCIA, INC.

C0036647



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

HILLSBOROUGH AT 28TH STREET 33610
P.O. BOX 11795
TAMPA FL 33680-8795

910 NW 22ND ST
MIAMI FL 33127-4238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0935395

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, ANDREW J.
910 NW 22ND ST
MIAMI FL

DELETE

Name

W. B. CREWS

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

2801 E. HILLSBOROUGH

City

TAMPA

FL

Zip Code

33680-8795

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

William B. Crews

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	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ANDREW III	
STREET ADDRESS	910 NW 22ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, ERNEST JR	
STREET ADDRESS	2801 E HILLSBOROUGH	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, ERNEST	
STREET ADDRESS	1506 PARK LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ANDREW JR	
STREET ADDRESS	910 NW 22ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	HC	<input type="checkbox"/> Delete
NAME	CREWS, W.B.	
STREET ADDRESS	2801 E HILLSBORO	
CITY-ST-ZIP	TAMP FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	NIETO, ALBERT	
STREET ADDRESS	2801 E HILLSBORO	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST GARCIA	
STREET ADDRESS	3301 BAYSIDE BLVD APT #507	
CITY-ST-ZIP	TAMPA, FLA 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, W B	
STREET ADDRESS	2801 E. HILLSBORO	
CITY-ST-ZIP	TAMPA, FLA 33680	
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:

William B. Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)