2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90280 038 ***150.00

000265990 AV

DOCUMENT # G76785

1. Entity Name
STANLEY CRAWFORD CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2119 SISTERS WELCOME RD	RT 18 BOX 970
LAKE CITY FL 32025	LAKE CITY FL 32025
US	US

2. Principal Place of Business	3. Mailing Address
885 SW Sisters	885 SW Sisters Welcome Rd
Suite, Apt. #, etc. Welcome Rd	Suite, Apt. #, etc.
City & State Lake City, FL	City & State Lake City, FL
Zip 32025 Country USA	Zip 32025 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2364997 ☐ 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
CRAWFORD, W STANLEY	Name
RT 18 BOX 970	Street Address (P.O. Box Number is Not Acceptable) 885 SW Sisters Welcome Rd
LAKE CITY FL 32025	City Lake City, FL Zip Code 32025

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 X Stanley Crawford Stanley Crawford 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, MARY ANN		NAME	
STREET ADDRESS	RT 8 BOX 559		STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, STANLEY		NAME	
STREET ADDRESS	RT 8 BOX 559		STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: X Stanley Crawford Stanley Crawford 4/29/03 386 752-5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #