

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91770 049 ***158.75

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DOCUMENT # J64027

1. Entity Name
ROSELYN CRISSEY'S, INC.



Principal Place of Business
**30001 S.W. 172ND AVE.
HOMESTEAD FL 33030**

Mailing Address
**30001 S.W. 172ND AVE.
HOMESTEAD FL 33030**

2. Principal Place of Business
4587 N. UNIVERSITY DR.

3. Mailing Address
11210 S.W. 49TH PL.

City & State
LAUDERHILL, FL.

City & State
FT. LAUDERDALE, FL.

Zip
33351

Country
USA

Zip
33330

Country
USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GURNEY, TERRY
234 NORTH KROME AVE.
HOMESTEAD FL 33030**

4. FEI Number
59-2782912

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
CRISSEY, JEFFREY T.

Street Address (P.O. Box Number is Not Acceptable)
11210 S.W. 49TH PL.

City
FT. LAUDERDALE

FL

Zip Code
33330

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 **JEFFREY T. CRISSEY** **4/29/03**

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISSEY, ROSELYN 30001 S.W. 172ND AVENUE HOMESTEAD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CRISSEY, ROSELYN 30001 S.W. 172ND AVENUE HOMESTEAD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/M CRISSEY, JEFFREY T. 11210 S.W. 49TH PL. FT. LAUDERDALE, FL. 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRISSEY, CURTIS J. PO BOX 85 STARKVILLE, MS. 39759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE: **JEFFREY T. CRISSEY** **4/29/03** **(954)252-6181**

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)