

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017506

1. Entity Name

CRITTENDEN ADJUSTMENT COMPANY (FLORIDA), INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90037 030 ***150.00

Principal Place of Business

Mailing Address

~~2250 FOWLER STREET~~ **5700 Halifax Ave**
~~FT MYERS FL 33902~~ **#1**
Fort Myers, FL 33912

~~2250 FOWLER STREET~~ **5700 Halifax Ave**
~~FT MYERS FL 33902~~ **#1**
Fort Myers, FL 33912

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

65-0559594

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

CRITTENDEN, EDWARD R
2250 FOWLER STREET
FT MYERS FL 33902

change of address

Name

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

5700 Halifax Ave Suite 1

City

Fort Myers

FL

Zip Code

33912

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

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	D	☐ Delete
NAME	CRITTENDEN, THERESA J	
STREET ADDRESS	C/O 2250 FOWLER ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	☐ Delete
NAME	CRITTENDEN, EDWARD R	
STREET ADDRESS	% 2250 FOWLER STREET	
CITY-ST-ZIP	FT MYERS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change ☐ Addition
NAME	Crittenden, Theresa J.	
STREET ADDRESS	5700 Halifax Ave. #1	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	P	☒ Change ☐ Addition
NAME	Crittenden, Edward R.	
STREET ADDRESS	5700 Halifax Ave #1	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 other like empowered.

SIGNATURE:

Theresa J. Crittenden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00 941-415-1700

CR2E034 (9/99)