

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90025 010 \*\*\*158.75

**DOCUMENT # P97000022946**

1. Entity Name

**MISSION CRITICAL SYSTEMS INC.**

Principal Place of Business

730 N.E. 4TH AVENUE  
FORT LAUDERDALE FL 33304-2624  
US

Mailing Address

730 N.E. 4TH AVENUE  
FORT LAUDERDALE FL 33304-2624  
US

2. Principal Place of Business

3320 NW 53rd St.

3. Mailing Address

3320 NW 53rd St.

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

US

Zip

33309

Country

US

4. FEI Number

65-0736750

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CRABTREE, SUSAN J  
2036 NE 29TH CT.  
FT. LAUDERDALE FL

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Susan Crabtree, President 4-10-01

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, 2001 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

TITLE DP  
NAME CRABTREE, SUSAN  
STREET ADDRESS 2036 NE 29TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE DV  
NAME DARDEN, FRANK  
STREET ADDRESS 2036 NE 29TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME CRABTREE, SUSAN  
STREET ADDRESS 3320 NW 53rd St, Ste 202  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE DV ☒ Change ☐ Addition  
NAME DARDEN, FRANK  
STREET ADDRESS 3320 NW 53rd St, Ste 202  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan Crabtree, Pres 4-10-01

CR2E034 (10/00)

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