## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 28, 2002 8:00 am Secretary of State P98000068737 DOCUMENT # 1. Entity Name CRENSHAW APPRAISAL COMPANY -28-2002 90057 036 \*\*\*150.00 CRENSHAW-WILLIAMS APPARISAL COMPAN Principal Place of Business Mailing Address 5150 BELFORT ROADS 5150 BELFORT ROADS BUILDING 600. SUITE B BUILDING 600. SUITE B JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3529593 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEAD, KOKO Street Address (P.O. Box Number is Not Acceptable) 9309 OLD KINGS ROMO S SUITE 4 . JACKSONVILLE FL 32257 City 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 signatu FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition CRENSHAW, ROBERT NAME NAME 5150 BELFORT ROAD BLD 600 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-7IP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, J M NAME NAME 5150 BELFORT ROAD S BLD 600 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

Change

☐ Addition