

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90021 027 ***158.75

DOCUMENT # P99000069157

1. Entity Name

S.C. CROCKETT & ASSOCIATES, INC.

Principal Place of Business

4838 NW 57TH LANE
 CORAL SPRINGS FL 33067

Mailing Address

4838 NW 57TH LANE
 CORAL SPRINGS FL 33067-2186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0938782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00000019



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIPSON, SAUL B
1515 UNIVERSITY DRIVE
222
CORAL SPRINGS FL 33071

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

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

TITLE Delete
 NAME **D**
 STREET ADDRESS **CROCKETT, STERLING**
 CITY-ST-ZIP **4838 NW 57TH LANE**
CORAL SPRINGS FL 33067-4

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME **P/C**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V/D**
 STREET ADDRESS **Nicole Jackson-Fisher**
 CITY-ST-ZIP **4838 NW 57th Lane**
Coral Springs, FL 33067

TITLE Change Addition
 NAME **T/D**
 STREET ADDRESS **Florence Jackson-Crockett**
 CITY-ST-ZIP **4838 NW 57th Lane**
Coral Springs, FL 33067

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

2/16/00

Date

954.340.1311

Daytime Phone #