2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90155 038 ***150.00

C0008163

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000091115

1. Entity Name
GRIMAIL CRAWFORD, INC.

Principal Place of Business	Mailing Address
4423 W. ESTRELLA ST. TAMPA FL 33629	4423 W. ESTRELLA ST. TAMPA FL 33629-5513

2. Principal Place of Business		3. Mailing Address	
5415 Mariner Street		5415 Mariner Street	
Suite, Apt. #, etc.: Suite 108		Suite, Apt. #, etc.: Suite 108	
City & State: Tampa FL		City & State: Tampa FL	
Zip: 33609	Country: USA	Zip: 33609	Country: USA

4. FEI Number 59-3601236 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMAIL, JOSEPH J
4423 W. ESTRELLA ST.
TAMPA FL 33629

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 Joseph J. Grimail 1-14-00
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	PD	☐ Delete
NAME	GRIMAIL, JOSEPH J	
STREET ADDRESS	4423 W. ESTRELLA ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	STD	☐ Delete
NAME	CRAWFORD, MICHAEL A	
STREET ADDRESS	4907 AUGUSTA AVE.	
CITY-ST-ZIP	OLDSMAR FL 34677	
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		☐ 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
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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: Joseph J. Grimail 1-14-00 813/387-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #