


FILED
Mar 03, 2003 8:00 am
Secretary of State

10031287

[illegible]☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # 257836

1. Entity Name
CRAWFORD ELECTRIC, INC.



Principal Place of Business
BILL P CRAWFORD
3925 S W 82ND AVENUE
MIAMI FLA 33155

Mailing Address
4127 PALOMA PT CT
JACKSONVILLE FL 32217
US

2. Principal Place of Business
4127 Paloma Pt. Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.

City & State

Zip
32217

Country

Zip

Country

4. FEI Number
59-0973272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CRAWFORD,BILL P
4127 PALOMA POINT CT
JACKSONVILLE FL 32217

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bill Crawford* BILL P CRAWFORD 3/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD,BILL P 3925 S.W. 82ND AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD,BARBARA 3925 S.W. 82ND AVENUE MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Crawford* BILL P CRAWFORD 2/28/03 904 739 0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR