## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 268925 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** CRIMMINS CO., INC. 01-27-2000 90029 023 \*\*\*150.00 Principal Place of Business Mailing Address 3580 N.E. 12TH AVE. P.O. BOX 23550 FORT LAUDERDALE FL 33307-3550 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1084299 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRIMMINS, MICHAEL T. Street Address (P.O. Box Number is Not Acceptable) 3540 NE 12TH AVE FORT LAUDERDALE FL 33334 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, Change Addition TITL F TITLE ☐ Delete CRIMMINS, MICHAEL T. NAME NAME STREET ADDRESS 3580 N.E. 12TH AVE. STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE FL CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 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 accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a 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 accurate and that my name appears in Block 11 or Block 12 if the corporation or the receiver or trustee empowered.

CRIMMIN 5

**SIGNATURE:** 

OR DIRECTOR Date Date

Daytime Phone #