## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 31, 2000 8:00 am DOCUMENT # 349631 **Secretary of State** CROMARTIE PROPERTIES, INC. 03-31-2000 90080 030 \*\*\*158.75 Mailing Address Principal Place of Business P.O. BOX 16365 7811 LAWRENCE ROAD WEST PALM BEACH FL 33416-6365 LANTANA FL 33462 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State ONLY 4. FEI Number City & State 59-1309583 Not Applicable BOYNTON BEACH 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 H. CROMARTIE DHO WADDELL, JOHN B Street Address (P.O. Box Number is Not Acceptable) 101 N "J" ST LAKE WORTH FL 33460 LAWRENCE ROAD 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 JOHN H. CROMARTIE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE CITY & ZIP ONLY CROMARTIE, BETTY LOU NAME STREET ADDRESS STREET ADDRESS 7811 LAWRENCE ROAD CITY-ST-ZIP BOYNTON BEACH FL 33436 CITY-ST-ZIP LANTANA, FL 00000 Change Addition De'ete TITLE TITLE CROMARTIE, STEVEN C NAME NAME STREET ADDRESS 7839 LAWRENCE ROAD STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL TITLE ☐ Delete TITLE CROMARTIE, KENNETH S NAME NAME 107 SNAPPER CREEK DRIVE STREET ADDRESS 7789 LAWRENCE ROAD STREET ADDRESS LONG KEY, FL 33001 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME

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.

BETTY LOU CROMAR TIE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_&

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

# 561-965-0547

Daytime Phone #

CHZE034 (9)