

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90008 020 ***150.00

DOCUMENT # 367901

1. Entity Name
CRG PRODUCTS, INC.

Principal Place of Business

**348 WREN HILL RD
RT 1 BOX 1824
SAUTEE GA 30571
US**

Mailing Address

**EAGLE PASS ROAD
348 WREN HILL RD
SAUTEE GA 30571
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1299750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDDINGER, WILLIAM R.
354 N.E. 5TH STREET
BOCA RATON FL 33432**

Name **DONALD JAKUBEK**
Street Address (P.O. Box Number is Not Acceptable)
1301 NW 2nd AVE
DELRAY BEACH FLA
City **FL** Zip Code **33444**

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 **X DONALD JAKUBEK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	GOOD, STEVEN R	
STREET ADDRESS	13454 HWY 93	
CITY-ST-ZIP	BACONTON GA 31716	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	GOOD, MARY J	
STREET ADDRESS	348 WREN HILL RD	
CITY-ST-ZIP	SAUTEE GA 30571	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BASHAM, TERESA E	
STREET ADDRESS	4815 NATCHEZ TR CT	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARY J. GOOD** **PDS** **2/11/02** **706865-5970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)