## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## **FILED** DOCUMENT # 374682 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name CROOKS PRINTING SERVICE INC. 04-20-2000 90056 008 \*\*\*150.00 Principal Place of Business Mailing Address 5904 FUNSTON ST 5904 FUNSTON ST HOLLYWOOD FLA 33023-1934 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1313858 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROOKS, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 5904 FUNSTON ST HOLLYWOOD FL 33023 Zip Code FL 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition SD ☐ Delete TITLE TITLE CROOKS, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 1460 N.W 104 AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete ☐ Change Addition TITLE TITLE CROOKS, RICHARD C NAME NAME STREET ADDRESS 1460 NW 104 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change Addition Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete ☐ Addition TITLE 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

Daytime Phone