

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405909

1. Entity Name
CROFTON & SONS, INC.

Principal Place of Business

10250 WOODBERRY RD
TAMPA FL 33619
US

Mailing Address

P. O. BOX 0698
BRANDON FL 33509
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CROFTON, N. DUWAYNE
914 TERRA MAR DRIVE
TAMPA FL 33613

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE P
NAME CROFTON, N. DUWAYNE
STREET ADDRESS 914 TERRA MAR DRIVE
CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P XX Change ☐ Addition
NAME CROFTON, N. DUWAYNE
STREET ADDRESS 914 TERRA MAR DRIVE
CITY-ST-ZIP TAMPA, FL. 33613

TITLE V ☐ Change XX Addition
NAME CROFTON, KEVIN
STREET ADDRESS 1818 TINKER DRIVE
CITY-ST-ZIP LUTZ, FL. 33549

TITLE V ☐ Change XX Addition
NAME CROFTON, DARIN
STREET ADDRESS 10243 SHADOW BRANCH DRIVE
CITY-ST-ZIP TAMPA, FL. 33647

TITLE T/S ☐ Change XX Addition
NAME BERNALDO, RICHARD
STREET ADDRESS 111 EDMONTON LANE
CITY-ST-ZIP BRANDON, FL. 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2001

Date

813-645-7745

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1408817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required