

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90106 049 ***150.00

DOCUMENT # 438727

1. Entity Name
JIMMIE CROWDER EXCAVATING AND LAND CLEARING, INC

Principal Place of Business

Mailing Address

901 GEDDIE RD
TALLAHASSEE FL 32304
US

901 GEDDIE RD
TALLAHASSEE FL 32304-8671
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1058504**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CROWDER, JIMMIE T
RT 4, BOX 475
TALLAHASSEE FL 32304

Name **Jimmie T. Crowder**
Street Address (P.O. Box Number is Not Acceptable)
901 Geddrie Road
City **Tallahassee** **FL** Zip Code **32304**

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	CROWDER, JIMMIE T	
STREET ADDRESS	RT. 4, BOX 475	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JACKSON, LISA C.	
STREET ADDRESS	ROUTE 4, BOX 475	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROWDER, TINA L.	
STREET ADDRESS	ROUTE 4, BOX 475	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

CR2E034 (9/99)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

850-576-7176

Daytime Phone #