

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 499522

FILED  
Jan 06, 2003  
Secretary of State

Entity Name: TOM CRABTREE WHOLESALE CO., INC.

## Current Principal Place of Business:

1626 S PALM AVENUE  
PALATKA, FL 321770699

## New Principal Place of Business:

## Current Mailing Address:

1626 S PALM AVENUE  
PALATKA, FL 321770699

## New Mailing Address:

FEI Number: 59-1666750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRABTREE, THOMAS J.  
608 REID ST.  
PALATKA, FL 32077

## Name and Address of New Registered Agent:

CRABTREE, THOMAS J.  
1626 S PALM AVE  
PALATKA, FL 32177

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:

01/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CRABTREE, THOMAS  
Address: 1626 S PALM AVE  
City-St-Zip: PALATKA, FL

Title: V ( ) Delete  
Name: CRABTREE, DANIEL  
Address: 1624 SOUTH PALM AVE.  
City-St-Zip: PALATKA, FL

Title: STD ( ) Delete  
Name: CRABTREE, VIRGINIA A.  
Address: 1626 S. PALM AVENUE  
City-St-Zip: PALATKA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CRABTREE, THOMAS J  
Address: 1626 S PALM AVE  
City-St-Zip: PALATKA, FL 32177

Title: V (X) Change ( ) Addition  
Name: CRABTREE, DANIEL N  
Address: 1624 SOUTH PALM AVE.  
City-St-Zip: PALATKA, FL 32177

Title: STD (X) Change ( ) Addition  
Name: CRABTREE, VIRGINIA A  
Address: 1626 S. PALM AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: V/AS ( ) Change (X) Addition  
Name: STALLINGS, CYNTHIA D  
Address: 219 MOTES RD  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA A CRABTREE

STD

01/06/2003

Electronic Signature of Signing Officer or Director

Date