

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610322

1. Entity Name
CRAWFORD CONSTRUCTION SERVICES, INC.

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90035 049 ***150.00

Principal Place of Business
1201 KNOLLWOOD DR.
CANTONMENT FL 32533-7372
US

Mailing Address
PO BOX 51
CANTONMENT FL 32533

2. Principal Place of Business

3. Mailing Address

1201 Knollwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CANTONMENT, FL

4. FEI Number 59-1882869

Applied For

Not Applicable

Zip

Country

Zip

Country

32533

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

CRAWFORD, RICHARD D.
1201 KNOLLWOOD DRIVE
CANTONMENT FL 32533

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, 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 PD
NAME CRAWFORD, RICHARD D
STREET ADDRESS 1201 KNOLLWOOD DRIVE
CITY-ST-ZIP CANTONMENT FL ☐ Delete

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

TITLE ST
NAME CRAWFORD ANN D
STREET ADDRESS 1201 KNOLLWOOD DRIVE
CITY-ST-ZIP CANTONMENT FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

ANN CRAWFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 850-968-5645

CR2E034 (9/01)