

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 616852

1. Entity Name
C R M INDUSTRIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -3 PM 4:29

Principal Place of Business

130 BAYWOOD AVE.
LONGWOOD FL 32750

Mailing Address

130 BAYWOOD AVE.
LONGWOOD FL 32750

2. Principal Place of Business

1404 Litchem Rd

3. Mailing Address

PO Box 915904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Longwood, FL

Zip

32712

Country

Orange

Zip

32791-5904

Country

Seminole

REINSTATEMENT

01

4. FEI Number

59-1900626

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

SP

6. Name and Address of Current Registered Agent

MCAHON, CHARLES R II
130 BAYWOOD AVE.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Charles McMahon II

Street Address (P.O. Box Number is Not Acceptable)

1404 Litchem Rd

City

Apopka

FL

Zip Code

32712

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

9/29/2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	MCAHON, CHARLES R II	
STREET ADDRESS	130 BAYWOOD AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mcmahon, Charles R II	
STREET ADDRESS	1404 Litchem Rd	
CITY-ST-ZIP	Apopka, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles McMahon II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/2001

Date

407.814.0900

Daytime Phone #

CR2E034 (5/01)