

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90019 013 ***158.75

DOCUMENT # 628695

1. Entity Name

CHARLES L. CRUMPTON, P.A.

Principal Place of Business

**PO BOX 1176
 BONITA SPRINGS FL 34133
 US**

Mailing Address

**PO BOX 1176
 BONITA SPRINGS FL 34133
 US**

2. Principal Place of Business

7088 STONE MILL DR.

3. Mailing Address

7088 STONE MILL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Columbus, GA

City & State

Columbus, GA

Zip

31909

Country

US

Zip

31909

Country

US

4. FEI Number

59-1950156

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUMPTON, CHARLES L.
 9845 CITADEL LANE #101
 BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name **Wayne Fariss**

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

17 Acacia Court North

City

Lake Placid, FL

FL

Zip Code

33852

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

Wayne Fariss
Wayne Fariss

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUMPTON, CHARLES L.	
STREET ADDRESS	9845 CITADEL LANE #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CRUMPTON, CHARLES L.	
STREET ADDRESS	9845 CITADEL LANE #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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	CRUMPTON, CHARLES L.	
STREET ADDRESS	7088 STONE MILL DR.	
CITY-ST-ZIP	COLUMBUS, GA 31909	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES L. CRUMPTON	
STREET ADDRESS	7088 STONE MILL DR.	
CITY-ST-ZIP	COLUMBUS, GA 31909	
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 L. Crumpton
Charles L. Crumpton

April 20, 2002 (706)321-8393

Date

Daytime Phone #

CR2E034 (9/01)