

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90087 013 ***150.00

0529791 AT

DOCUMENT # 691114

1. Entity Name
CRAWFORD PLASTERING, INC.

Principal Place of Business 8209 MCDANIEL ROAD NE NORTH FT MYERS FL 33918	Mailing Address 8209 MCDANIEL ROAD NE P.O. BOX 3661 NORTH FT MYERS FL 33918
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2. Principal Place of Business 8209 MCDANIEL DR.	3. Mailing Address
Suite, Apt. #, etc. 1	Suite, Apt. #, etc.

City & State NORTH FT MYERS FL	City & State
Zip 33917	Country USA

4. FEI Number 59-2124742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CRAWFORD, GEORGE M
 8209 MCDANIEL DR.
 NORTH FT MYERS FL 33918**

7. Name and Address of New Registered Agent

Name **GEORGE M CRAWFORD**
 Street Address (P.O. Box Number is Not Acceptable)
8209 MCDANIEL DR.
 City **NORTH FT MYERS FL** Zip Code **33917**

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CRAWFORD, GEORGE M 8209 MCDANIEL RD NE NO FT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, GEORGE M. 8209 MCDANIEL RD. NE N. FT. MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **George M Crawford** **RECORDED** **4-28-02** **941 543-4104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)