

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857896

1. Entity Name

CRIS & SONS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90145 026 ***150.00

Principal Place of Business

Mailing Address

350 HURST ST
LINDEN NJ 07036
US

P O BOX 394
RIDGEFIELD PRK NJ 07660
US

90145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1271 LA QUINTA DR

1271 LA QUINTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2-3

SUITE 2-3

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32809

USA

32809

USA

4. FEI Number

22-2465376

Applied For

Not Applicable

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

MOTOLAW, INC.
50 N. LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202

Name SAC CRISCUOLO

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

903 TORREY PINE DR 32708

City WINTER SPRINGS FL

Zip Code 32708

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CRISCUOLO, SALVATORE 137 HUDSON ST. RIDGEFIELD PARK NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRISCUOLO, BARBARA 137 HUDSON ST. RIDGEFIELD PARK NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	903 TORREY PINE DR WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	903 TORREY PINE DR WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)