

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90105 040 \*\*\*150.00

**DOCUMENT # F46747**

1. Entity Name

**CROOKER'S PLANT MASTER, INC.**



Principal Place of Business

**4005 HOGSHEAD RD  
PLYMOUTH FL 32768  
US**

Mailing Address

**PO BOX 193  
PLYMOUTH FL 32768  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2136747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C. JAMES CROOKER  
32816 SCENIC HILLS DRIVE  
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>SINCAVAGE, DEE</b>           |                                 |
| STREET ADDRESS | <b>4005 HOGSHEAD RD.</b>        |                                 |
| CITY-ST-ZIP    | <b>PLYMOUTH FL</b>              |                                 |
| TITLE          | <b>T</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>CROOKER, JAMES C.</b>        |                                 |
| STREET ADDRESS | <b>32816 SCENIC HILL DRIVE</b>  |                                 |
| CITY-ST-ZIP    | <b>MOUNT DORA FL 32757</b>      |                                 |
| TITLE          | <b>S</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>CROOKER, SHAULA E</b>        |                                 |
| STREET ADDRESS | <b>32816 SCENIC HILLS DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>MOUNT DORA FL 32757</b>      |                                 |
| 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    |                                 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| 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    |  |                                                                   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dee Sincaavage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/21/03**

Daytime Phone #

**407-886-7880**

CR2E034 (10/02)