

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90040 003 \*\*\*150.00

**DOCUMENT # F97000002871**

1. Entity Name

**CRITCHLEY INC.**

Principal Place of Business

8851 S. SANDY PKWY, SUITE 150  
SANDY UT 84070

Mailing Address

8851 S. SANDY PKWY, SUITE 150  
SANDY UT 84070-6408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**33-0048598**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~KLOBCHAR, JASON  
1261 BAY HARBOR, BLDG 6, SUITE 208  
PALM HARBOR FL 34685~~

*We no longer  
have an Agent/employee  
in Florida*

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.

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, 2000 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 **CP** ☐ Delete  
NAME **MCCALLUM, IAN**  
STREET ADDRESS **MONMOUTH HOUSE 26-28 THOMAS ST CIRENCESTER**  
CITY-ST-ZIP **GLAS GL72BD ENGLAND**

TITLE **VCT** ☐ Delete  
NAME **HUMPHREY, CHRIS**  
STREET ADDRESS **MONMOUTH HOUSE 26-28 THOMAS ST CIRENCESTER**  
CITY-ST-ZIP **GLAS GL72BD ENGLAND**

TITLE **VD** ☐ Delete  
NAME **RIVERS, GORDON**  
STREET ADDRESS **1321 JAMESTOWN RD, SUITE 201**  
CITY-ST-ZIP **WILLIAMSBURG VA 23185**

TITLE **V** ☐ Delete  
NAME **CHRISTENSEN, DALLIS**  
STREET ADDRESS **8851 S. SANDY PKWY, SUITE 150**  
CITY-ST-ZIP **SANDY UT 84070**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/00*

Date

*801-255-3365*

Daytime Phone #