

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90108 039 \*\*\*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**

2. Principal Place of Business

3. Mailing Address  
**PO Box 3038**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Boca Raton FL**

Zip Country  
**33431-0038 USA**

4. FEI Number **33-0048598** 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

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

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, 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	CP MCCALLUM, IAN MONMOUTH HOUSE 26-28 THOMAS ST CIRENCESTER GLAS GL72BD ENGLAND	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT HUMPHREY, CHRIS MONMOUTH HOUSE 26-28 THOMAS ST CIRENCESTER GLAS GL72BD ENGLAND	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERS, GORDON 1321 JAMESTOWN RD, SUITE 201 WILLIAMSBURG VA 23185	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTENSEN, DALLIS 8851 S. SANDY PKWY, SUITE 150 SANDY UT 84070	<input checked="" 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	Director / President Juerger Gromer 470 Friendship Road	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Asst. Treasurer Scott Stevenson One Town Center Road Boca Raton FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Stephen Greager 3000 Constitution Drive Menlo Park CA 94025	<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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Stevenson  
 VP/Asst. Treas.

4/24/01 (561) 988-7800

Date

Daytime Phone #

CR2E034 (10/00)