

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90097 039 \*\*\*158.75

DOCUMENT # **G25705**  
 Entity Name  
**C&R Joint Ventures, Inc.**

**C0087932**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1030 Gray Road Cocoa, FL 32926		Mailing Address 1030 Gray Road Cocoa, FL 32926	
Principal Place of Business 1030 Gray Road Suite, Apt. #, etc.		3. Mailing Address 1030 Gray Road Suite, Apt. #, etc.	
City & State Cocoa, FL 32926		City & State Cocoa, FL 32926	
4. FEI Number 59-2442791		Applied For Not Applicable	
Zip 32926	Country USA	Zip 32926	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Morris A. Rowe 1030 Gray Road Cocoa, FL 32926		7. Name and Address of New Registered Agent Name Morris A. Rowe Street Address (P.O. Box Number is Not Acceptable) 1030 Gray Road City Cocoa FL Zip Code 32926	
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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 *Morris A. Rowe* DATE 04/24/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Morris A. Rowe* DATE 04/24/00 (321) 632-2600  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)