

2001 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

DOCUMENT # **H65130**

1. Entity Name

Crews Sheet Metal & Roofing Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 20 AM 11:34

Principal Place of Business

Mailing Address

1940 E 21st street

P O Box 26369

Jacksonville, Fla. 32206 Jacksonville Fla

32218

2. Principal Place of Business

3. Mailing Address

3711 Trout River Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, Fla 32208

City & State

City & State

32208

4. FEI Number

59-2563164

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Crews, William E Sr

1940 E 21st Street

Jacksonville, Fla. 32206

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

William E Crews

7-17-01

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 **STD** ☐ Delete
NAME **CREWS, EVELYN**
STREET ADDRESS **1076 Eagle Bend Ct**
CITY-ST-ZIP **Jacksonville, Fla. 32226**

TITLE **000004500450** ☐ Change ☐ Addition
NAME **-07/26/01--01087--004**
STREET ADDRESS *******61.25 *****61.25**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **CREWS, William E Jr**
STREET ADDRESS **1076 Eagle Bend Ct**
CITY-ST-ZIP **Jacksonville, Fla. 32226**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **Crews, Paul (1st VP)**
STREET ADDRESS **850 Fernway Road**
CITY-ST-ZIP **Jacksonville, Fla.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(l), 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

7-17-01

CR2E034 (11/00)