

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90196 012 ***150.00

DOCUMENT # H65130

1: Entity Name
CREWS SHEET METAL & ROOFING INC.



Principal Place of Business
**1940 E. 21ST ST.
JACKSONVILLE FL 32206**

Mailing Address
**3711 TROUT RIVER BLVD
JACKSONVILLE FL 32208
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

59-2563164

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

**CREWS, WILLIAM E SR
1940 E. 21ST ST.
JACKSONVILLE FL 32206**

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

Evelyn Crews
(NOTE: Registered Agent signature required when reinstating)

1-16-03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	CREWS, EVELYN	
STREET ADDRESS	1076 EAGLE BEND CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	P	<input type="checkbox"/> Delete
NAME	CREWS, WILLIAM E JR	
STREET ADDRESS	1076 EAGLE BEND CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	V	<input type="checkbox"/> Delete
NAME	CREWS, PAUL	
STREET ADDRESS	836 FERNWAY ROAD RT. 1 Box 833	
CITY-ST-ZIP	JACKSONVILLE FL MACLENNY, FL 32063	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Evelyn Crews*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

765-7510

Date

Daytime Phone #

CR2E034 (10/02)