

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H93028**

1. Entity Name

CROWN PAINT AND BODY WORKS, INC.

Principal Place of Business

**100 S. MYRICK ST
PENSACOLA FL 32501-6018**

Mailing Address

**100 S. MYRICK ST
PENSACOLA FL 32501-6018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MATTHEWS, EDESEL F., JR.
308 S. JEFFERSON ST.
PENSACOLA FL 32501**

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 resigning)

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

TITLE **D** ☐ Delete
NAME **WHIBBS, VINCE, SR.**
STREET ADDRESS **3401 NAVY BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **WHIBBS, MARK T.**
STREET ADDRESS **3201 NAVY BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **WHIBBS, GREGORY**
STREET ADDRESS **3401 NAVY BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **WHIBBS, JOHN PAUL**
STREET ADDRESS **3401 NAVY BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **BROWN, JACK**
STREET ADDRESS **3401 NAVY BLVD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete
NAME **MATTHEWS, EDESEL F., JR**
STREET ADDRESS **308 S JEFFERSON ST**
CITY-ST-ZIP **PENSACOLA FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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)(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

04-19-2001

Date

950 433 7671

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90151 043 ***150.00



DO NOT WRITE IN THIS SPACE