

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99802

1. Entity Name

CROTTY UNLIMITED, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90139 009 ***150.00

Principal Place of Business

2273 RYABURN RD
ORLANDO FL 32824
US

Mailing Address

2273 RAYBURN RD
ORLANDO FL 32824-9502
US

2. Principal Place of Business

921 N. John Young Parkway
Suite, Apt. #, etc.

3. Mailing Address

921 N. John Young Parkway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

4. FEI Number

59-2850968

Applied For

Not Applicable

Zip

Country

34741

Osceola

Zip

Country

34741

Osceola

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

CARTER, RENDA C
2273 RAYBURN RD
ORLANDO FL 32824

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

921 N. John Young Parkway

City

Kissimmee

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	CARTER, RENDA C	
STREET ADDRESS	1838 SAILFISH COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROTTY, R. C. J	
STREET ADDRESS	1416 NEPTUNE ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CROTTY, LINDA L	
STREET ADDRESS	1790 LEMON AVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CROTTY, BRYANT C	
STREET ADDRESS	1790 LEMON AVE	
CITY-ST-ZIP	KISSIMMEE FL	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Renda C. Carter 05/01/00 407-847-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)