

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K06375

1. Entity Name

CRUSHING COMPONENTS CORPORATION

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90010 025 ***150.00

Principal Place of Business

Mailing Address

C/O DOUGLAS K. SANDS
300 COLORADO AVE.
STUART FL 34994-2103

PO BOX 140
STUART FL 34995-0140
US

2. Principal Place of Business

3. Mailing Address

116 S. Sewalls Pt. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart

FL

4. FEI Number

65-0044608

Applied For

Not Applicable

Zip

Country

Zip

34996

Country

US

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

SANDS, DOUGLAS K.
300 COLORADO AVE.
STUART FL 34995

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 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	D	<input type="checkbox"/> Delete
NAME	DELANEY, WARD	
STREET ADDRESS	116 S. SEWALL'S PT. RD.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, ARMINDA P.	
STREET ADDRESS	116 S. SEWALL'S PT. RD.	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 2000

Date

Daytime Phone #

561-283-1181

CR2E034 (9/99)