

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90006 029 ***150.00

0037365

DOCUMENT # K41937

1. Entity Name

CRESCENT SHORES PROPERTIES, INC.

Principal Place of Business

**8680 NAVARRE PKWY
 NAVARRE FL 32566
 US**

Mailing Address

**8680 NAVARRE PKWY
 NAVARRE FL 32566
 US**

2. Principal Place of Business

8700 Navarre Pkwy.
 Suite, Apt. #, etc.

3. Mailing Address

8700 Navarre Pkwy.
 Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Navarre, FL

Zip

32566

Country

US

Zip

32566

Country

US

4. FEI Number

59-2914476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PULLUM, WILLIAM A.
 8494 NAVARRE PKWY.
 NAVARRE FL 32566**

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 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PULLUM, WILLIAM A. | |
| STREET ADDRESS | 8494 NAVARRE PKWY. | |
| CITY-ST-ZIP | NAVARRE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PULLUM, MARTHA S. | |
| STREET ADDRESS | 8494 NAVARRE PKWY. | |
| CITY-ST-ZIP | NAVARRE FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PULLUM, BART R | |
| STREET ADDRESS | 8494 NAVARRE PKWY | |
| CITY-ST-ZIP | NAVARRE FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | STUCKEY, PAULA L | |
| STREET ADDRESS | 8494 NAVARRE PKWY | |
| CITY-ST-ZIP | NAVARREE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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

Date

Daytime Phone #

2/15/01 850/939-2363

CF2E034 (10/00)