

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K63409

1. Entity Name

CRIBBS & ASSOCIATES, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90055 038 \*\*\*150.00

Principal Place of Business

Mailing Address

6410 US #1 NORTH  
ST AUGUSTINE FL 32095  
US

3317 WOODBURY CT  
ST AUGUSTINE FL 32086-5088  
US

2. Principal Place of Business

109 N. Churchill Dr.  
Suite, Apt. #, etc.

3. Mailing Address

109 N. Churchill Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, Fl.

City & State

St. Augustine Fl.

4. FEI Number

59-2939945

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

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

CRIBBS, JAMIE JO  
3317 WOODBURY CT  
ST AUGUSTINE FL 32086

Name

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

109 N. Churchill Dr.

City

St. Aug.

FL

Zip Code

32086

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

Jamie Jo Cribbs  
President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-00

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 ☐ Delete  
NAME DP  
STREET ADDRESS CRIBBS, JAMIE JO  
CITY-ST-ZIP 3317 WOODBURY CT  
ST AUGUSTINE FL

TITLE ☒ Change ☐ Addition  
NAME 109 N. Churchill Dr.  
STREET ADDRESS St. Aug. Fl. 32086  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DVS  
STREET ADDRESS CRIBBS, JAMIE JO  
CITY-ST-ZIP 3317 WOODBURY CT  
ST AUGUSTINE FL

TITLE ☒ Change ☐ Addition  
NAME 109 N. Churchill Dr.  
STREET ADDRESS St. Aug. Fl. 32086  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CRIBBS, JAMIE JO  
CITY-ST-ZIP 3317 WOODBURY CT  
ST AUGUSTINE FL

TITLE ☒ Change ☐ Addition  
NAME 109 N. Churchill Dr.  
STREET ADDRESS St. Aug. Fl. 32086  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

Jamie Jo Cribbs  
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 904-810-5030

Date

Daytime Phone #

CR2 034 (9/99)