

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90037 003 ***558.75

DOCUMENT # K63409

1. Entity Name
CRIBBS & ASSOCIATES, INC.

Principal Place of Business

**109 N CHURCHILL DR
 SAINT AUGUSTINE FL 32086
 US**

Mailing Address

**109 N CHURCHILL DR
 SAINT AUGUSTINE FL 32086
 US**

2. Principal Place of Business

**261 N. Churchill Dr.
 Suite, Apt. #, etc.
 St. Aug. Fl.
 City & State**

3. Mailing Address

**261 N. Churchill Dr.
 Suite, Apt. #, etc.
 St. Aug.
 City & State**



DO NOT WRITE IN THIS SPACE

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

**CRIBBS, JAMIE JO
 109 N CHURCHILL DR
 ST AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
261 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jamie Jo Cribbs Pres.**

8-22-02
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	DP	<input type="checkbox"/> Delete
NAME	CRIBBS, JAMIE JO	
STREET ADDRESS	109 N CHURCHILL DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CRIBBS, VERNON L	
STREET ADDRESS	109 N CHURCHILL DR	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRIBBS, JAMIE JO	
STREET ADDRESS	109 N CHURCHILL LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	261 N. Churchill Dr.	
STREET ADDRESS	St. Aug. Fl. 32086	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	261 N. Churchill Dr.	
STREET ADDRESS	St. Aug. Fl. 32086	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	261 N. Churchill Dr.	
STREET ADDRESS	St. Aug. Fl. 32086	
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 **Jamie Jo Cribbs Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-02
 Date

**904
 810-5030**
 Daytime Phone #

CR2E034 (4/02)