

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L22771**

1. Entity Name  
**CRAWFORD & CRAWFORD REALTY, INC.**



**FILED  
Jan 15, 2003 8:00 am  
Secretary of State**

01-15-2003 90232 040 \*\*\*150.00

Principal Place of Business  
12360 66TH STREET N.  
LARGO FL 33773  
US

Mailing Address  
12360 66TH STREET N.  
LARGO FL 33773

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country** **4. FEI Number** **59-2971459** **Applied For**  
**Not Applicable**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

**CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**CRAWFORD, MAXINE  
12714 139TH ST N  
LARGO FL 33774**

Name

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

City

**FL** Zip Code

**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAWFORD, MAXINE 12714 139TH ST N LARGO FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maxine Crawford* 1-13-3595-2400  
MAXINE CRAWFORD  
Daytime Phone #

CR2E034 (10/02)