

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L82349**

1. Entity Name

CRESTVIEW STONE & SIDING, INC.

Principal Place of Business

**8705 CYPRESS LAKES BLVD
NEW PORT RICHEY FL 34655-34653**

Mailing Address

**8705 CYPRESS LAKES BLVD
NEW PORT RICHEY FL 34655-34653**

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

59-3019663

Applied For

Not Applicable

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

**SCHOENDORF, LESTER W.
8705 CYPRESS LAKES BLVD
NEW PORT RICHEY FL 34655-34653**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
SCHOENDORF, LESTER W.
8705 CYPRESS LAKES BLVD
NEW PORT RICHEY FL 34655-34653** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SCHOENDORF, RITA A.
8705 CYPRESS LAKES BLVD
NEW PORT RICHEY FL 34655-34653** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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: **Lester W. Schoendorf** **LESTER W. SCHOENDORF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

(727) 376-0684
Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90013 010 ***150.00

643591



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)