

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89127

1. Entity Name

J. R. CROCKETT, INC.

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90325 040 \*\*\*158.75

Principal Place of Business  
2700 E. OAKLAND PK BLVD.  
C  
FT. LAUDERDALE FL 33306  
US

Mailing Address  
2700 E. OAKLAND PK. BLVD.  
C  
FT. LAUDERDALE FL 33306  
US

2. Principal Place of Business  
1167 N.E. 24th Street  
Suite, Apt. #, etc.

3. Mailing Address  
1167 N.E. 24th Street  
Suite, Apt. #, etc.

City & State  
Wilton Manors, Fl.

City & State  
Wilton Manors, Fl.

Zip  
33305

Country  
Broward

Zip  
33305

Country  
Broward

4. FEI Number 65-0212135

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CROCKETT, JOHN R  
2157 CORAL GARDENS DR  
WILTON MANORS FL 33306

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 \_\_\_\_\_ (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. ☐ **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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROCKETT, JOHN R.			NAME			
STREET ADDRESS	2157 CORAL GARDENS DR			STREET ADDRESS			
CITY-ST-ZIP	WILTON MANORS FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROCKETT, HELENE			NAME			
STREET ADDRESS	2157 CORAL GARDENS DR.			STREET ADDRESS			
CITY-ST-ZIP	WILTON MANORS FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROCKETT, SAMUEL K			NAME			
STREET ADDRESS	1433 NE 17TH WAY			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01 (954)  
365-1654  
Date Daytime Phone #

CR2E034 (10/00)