2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M73508

1. Entity Name

CREWS PIPING, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90129 012 ***150.00

0.12.70		J										
Principal Plac % LINDA A. C 6007 LORRAIN BRADENTON F	rews Je Rd.	Mailing Address 5505 LORRAINE ROAD BRADENTON FL 34211										
2. Principal P	Place of Business	3. Mailing	3. Mailing Address						idei dibii dii		ĻU OIBU BUUL	
Suite Apt.	5 Lorraine Rd	Suite, Ar	Suite, Apt. #, etc. 5505 Lorraine Rd				CHECK HERE IF MAKING CHANGES					
Brade	entow, fl.	Gity & State Braden Ton			# /			El Number 59-2882796		- 	plied For t Applicable	
3421	1 Manatee	342	//	Coun	nates			Certificate of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current I	Registered A	gent		Name		7. N	lame and Address of New Re			¥	
CREWS, L			Street Address			(P.O. Box Number is Not Acceptable)						
6007 LORRAINE RD. BRADENTON FL 34202					000	<u> </u>		COLLOINE NO				
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	named entity submits this statement for	the purpose	of changing its r	egistere	ed office or re	gistered	age	ent, or both, in the State of Flori	da. I am f	amiliar with,	and accept	
	ions of registered agent.											
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable	e. (NOTE:	Registere	d Agent signature	required w	hen reii	instating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					:	Election Campaign Fina Trust Fund Contribution.			0 May Be to Fees	
10.	OFFICERS AND I	DIRECTORS		11.	·····		ADI	DITIONS/CHANGES TO OFFIC	ERS AND	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CREWS, MICHAEL V. 6007 LORRAINE RD. BRADENTON FL		□ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CREWS, LINDA 6007 LORRAINE RD. BRADENTON FL		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CREWS, CHARLES H. 6007 LORRAINE RD BRADENTON FL		☐ Delete		l l		•			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIVIDERIONIE		☐ Delete		1		-	12		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete _.			·				Change	Addition	
indicated of the cor	certify that the information supplied with I on this report or supplemental report is reporation or the receiver or trustee empo , or on an attachment with an address, w	true and accu wered to exec	urate and that mo oute this report a	v sianat	ure shall have	e the sa	me le	egal effect as if made under oa	ith: that I a	m an officer	or director	

SIGNATURE:

Daytime Phone #