

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005789

1. Entity Name

CRITTENDEN, HOLT, TUCKER, INC.

Principal Place of Business

134 MARTIN CIRCLE
ROYAL PALM BEACH FL 33411

Mailing Address

134 MARTIN CIRCLE
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

13146 Cana Lily Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32824

Country

USA

4. FEI Number

65-0830005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRITTENDEN, CELIA T
134 MARTIN CIRCLE
ROYAL PALM BEACH FL 33411

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRITTENDEN, MELTON JR.
STREET ADDRESS 112 TIMBER RUN WEST
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE SD
NAME WRIGHT, LUWANDO L
STREET ADDRESS 592 S.W. 4TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Delete

TITLE VD
NAME CRITTENDEN, CELIA T
STREET ADDRESS 134 MARTIN CIRCLE
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD
NAME Wright, Luwando L
STREET ADDRESS 8109 SW 19th St.
CITY-ST-ZIP N. Lauderdale, FL 33068 ☒ Change ☐ Addition

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

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

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

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

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 617, 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:

Celia T Crittenden Treasurer

4-5-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90115 014 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)