

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90022 050 ****61.25

DOCUMENT # N97000007008

1. Entity Name

CANOPY ROADS CREW, INC.

Principal Place of Business

Mailing Address

**84 FINNER DRIVE
 CRAWFORDVILLE FL 32327
 US**

**2312 BOURGOGNE DR
 TALLAHASSEE FL 32308**

B0048501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

220 J+K Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville, FL

4. FEI Number

59-3485454

Applied For

Not Applicable

Zip

Country

Zip

Country

32327

USA

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

**BLAKE, MARGO
 2312 BURGOGNE DR
 TALLAHASSEE FL 32308**

Name *Cynthia L. Campbell*
 Street Address (P.O. Box Number is Not Acceptable)
220 J+K Lane
 City *Crawfordville* **FL** Zip Code *32327*

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

Cynthia L. Campbell, Treasurer

3/11/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PCD**
 STREET ADDRESS **LAMMERT, JUDITH A**
 CITY-ST-ZIP **84 FINNER DRIVE**
CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **MITCHELL, GAEA**
 CITY-ST-ZIP **2902 TERRY RD**
TALLAHASSEE FL 32312

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **BLAKE, MARGO**
 CITY-ST-ZIP **2312 BOURGOGNE DRIVE**
TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
 NAME *Treasurer*
 STREET ADDRESS *Cynthia L. Campbell*
 CITY-ST-ZIP *220 J+K Lane*
Crawfordville, FL 32327

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **CAMPBELL, CYNTHIA L**
 CITY-ST-ZIP **220 J + K LANE**
CRAWFORDVILLE FL 32327

TITLE ☒ Change ☐ Addition
 NAME *Secretary*
 STREET ADDRESS *Elizabeth Russell*
 CITY-ST-ZIP *3474 North Carrington Court*
Tallahassee, FL 32303

TITLE ☐ Delete
 NAME **AD**
 STREET ADDRESS **FISHER, LAURA**
 CITY-ST-ZIP **PO BOX 1847**
CRAWFORDVILLE FL 32327

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

TITLE ☐ Delete
 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:

Cynthia L. Campbell, Treasurer

3/11/02

245-4444
X2218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)