

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 23 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800 000007256

1. Entity Name

DAVID W CRAWLEY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1987 S PRAIRIE DUNES

3. Mailing Address

PO BOX 623031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OWIEDO, FL

City & State

OWIEDO, FL

4. FEI Number

59-3623918

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32762-3031

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID W CRAWLEY

Street Address (P.O. Box Number is Not Acceptable)

1987 S PRAIRIE DUNES CT

City

OWIEDO

FL

Zip Code

32768

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

DAVID W CRAWLEY
Owner President
1987 S PRAIRIE DUNES CT
OWIEDO, FL 32765

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-02 407-443-6154

CR2E034B (12/01)

10-31-02

TO WHOM IT MAY CONCERN:

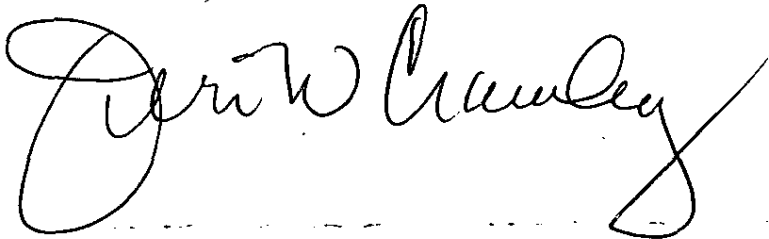
MY BOOKEEPER HAS INFORMED ME THAT WE HAVE NOT PAID OUR ANNUAL FEE TO THE STATE. WE HAVE MOVED AND THIS MAY EXPLAIN WHY WE DID NOT RECEIVE OUR NOTICE. ENCLOSED IS A CHECK FOR THE AMOUNT OF \$150.00. PLEASE MAKE NOTE THAT OUR NEW ADDRESS IS AS FOLLOWS:

DAVID W.CRAWLEY,INC.
P.O.BOX 623031
OVIEDO,FL-32762-3031
OUR FED ID # 59-3623918

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT

JERI CRAWLEY
407-443-6154

REGARDS,

A handwritten signature in cursive script, appearing to read "David W. Crawley", written over a horizontal line.