

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 007 ***150.00

0030577 AV

DOCUMENT # P00000055843

1. Entity Name
CREWS ELECTRICAL CONTRACTING INC.



Principal Place of Business
**2667-6 DUNN AVENUE
JACKSONVILLE FL 32226**

Mailing Address
**2667-6 DUNN AVENUE
JACKSONVILLE FL 32226**

2. Principal Place of Business

2647 Dunn Ave

Suite, Apt. #, etc.

3. Mailing Address

2647 Dunn Ave

Suite, Apt. #, etc.

City & State

JAX-FL

City & State

JAX-FL

Zip

32218

Country

DUVAL

Zip

32218

Country

DUVAL

4. FEI Number

59-3656270

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CREWS, JACK W SR.
15779 SHELLCRACKER ROAD
JACKSONVILLE FL 32226**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jack W Crews Sr. JACK W. CREWS SR. PRESIDENT 4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CREWS, JACK W SR**
STREET ADDRESS **15779 SHELLCRACKER ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **VP** ☐ Delete
NAME **CREWS, JACK W JR**
STREET ADDRESS **15779 SHELLCRACKER ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **S** ☐ Delete
NAME **CREWS, PEGGY S**
STREET ADDRESS **15779 SHELLCRACKER ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **T** ☐ Delete
NAME **CREWS, CHRISTOPHER M**
STREET ADDRESS **18779 SHELLCRACKER ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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:

Jack W Crews Sr. JACK W. CREWS SR 4/29/03 904 765-0615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)