

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080473

1. Entity Name
CROSBY'S MAINTENANCE, INC.



FILED

03 MAY -5 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11640 SW 13TH TERRACE PLACE
FORT LAUDERDALE FL 33325

Mailing Address
11640 SW 13TH TERRACE PLACE
FORT LAUDERDALE FL 33325



2. Principal Place of Business

CROSBYS MAINTENANCE INC.

3. Mailing Address

11640 SW 13TH PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

City & State

FL

4. FEI Number

65-1034932

Applied For

Not Applicable

Zip

33325

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THORNE, MIRIAM
1264 N.W. 163 TERRACE
PEMBROKE PINES FL 33028

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 _____
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 PST
NAME THORNE, MIRIAM
STREET ADDRESS 1264 N.W. 163 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE VPD
NAME THORNE, MIRIAM
STREET ADDRESS 1264 N.W. 163 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500018831855
05/13/03--01032--001 **150.00

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-2003

9543822584

Date

Daytime Phone #

CR2E034 (10/02)