

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/01-

FILED

Feb 03, 2001 8:00 am
Secretary of State

01-13-2001 90004 033 ***150.00

DOCUMENT # P00000080575

1. Entity Name
ECONOTAX CRESTVIEW, INC.

Principal Place of Business
**1455 S. FERDON BLVD., BLDG. A, SUITE 1
CRESTVIEW FL 32536**

Mailing Address
**1455 S. FERDON BLVD., BLDG. A, SUITE 1
CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
593663263

Applied For
☐ Not Applicable

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

**BUNTON, HOWARD W
140 GARDNER DR.
SHALIMAR FL 32579**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Howard W. Bunton	
STREET ADDRESS	140 Gardner Dr Shalimar, FL	
CITY-ST-ZIP	32579	
TITLE	Sec/Treas	<input type="checkbox"/> Delete
NAME	Kathleen Bunton	
STREET ADDRESS	140 Gardner Dr	
CITY-ST-ZIP	Shalimar FL 32579	
TITLE	Ralph Washofsky VP.	<input type="checkbox"/> Delete
NAME	253 Ventura Circle	
STREET ADDRESS	Ft Walton Beach, FL 32548	
CITY-ST-ZIP		
TITLE	Henry (NMI) Singer VP.	<input type="checkbox"/> Delete
NAME	PO Box 395	
STREET ADDRESS	Shalimar, FL 32579	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard W. Bunton

01/05/01 8504234530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)