

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097052

1. Entity Name

EDGAR ALLEN CROW, INC.

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90765 034 ***150.00

Principal Place of Business

13161 E. EMERALD COAST PKWY
US HWY 98
INLET BEACH FL 32413

Mailing Address

13161 E. EMERALD COAST PKWY
US HWY 98
INLET BEACH FL 32413

714567

2. Principal Place of Business

3. Mailing Address

PO Box 9824

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Bch Fla

4. FEI Number

593673801

Applied For

Not Applicable

Zip

Country

Zip

Country

32417

Bay

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

PRATHER, DIANE

237 CAMP CREEK RD SOUTH
SANTA ROSA BEACH FL 32459

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 ☐ Delete
NAME owner
STREET ADDRESS Diane Prather
CITY-ST-ZIP 237 Camp Creek Rd. South
Santa Rosa Bch. Fla. 32459

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Diane Prather

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Prather 2/7/01 (850) 231-5960

Date

Daytime Phone #

CR2E034 (10/00)