

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111205

1. Entity Name

BILLY CRAWFORD SPRAY TEXTURING, INC.

Principal Place of Business

34260 BELT DR.  
DADE CITY FL 33523

Mailing Address

34260 BELT DR.  
DADE CITY FL 33523

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H  
37837 MERIDIAN AVE., #314  
DADE CITY FL 33525

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, BILLY R JR	
STREET ADDRESS	34260 BELT DR.	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, TRACEY L	
STREET ADDRESS	34260 BELT DR.	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON-JINES, HOPE E	
STREET ADDRESS	13548 STATE RD. 455	
CITY-ST-ZIP	MT. VERDE FL 34756	
TITLE	D	<input type="checkbox"/> Delete
NAME	JINES, JOSEPH W	
STREET ADDRESS	15548 STATE RD. 455	
CITY-ST-ZIP	MT. VERDE FL 34756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

*Hope E. Jackson-Jines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 321-229-3263  
Date Daytime Phone #

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90377 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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