

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90011 038 ***158.75

DOCUMENT # P00000114248

1. Entity Name
CRESCENT BUSINESS SERVICES, INC.

Principal Place of Business
3149-2 N. PONCE DE LEON BLVD.
SUITE # 2
ST. AUGUSTINE FL 32084

Mailing Address
3149-2 N. PONCE DE LEON BLVD.
SUITE # 2
ST. AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3149 North
Suite # 2
St. Augustine, FL
32084 **St. John**

3. Mailing Address

3149 N. Ponce de Leon Blvd
Suite # 2
St. Augustine, FL
32084 **St. John**

4. FEI Number

59-3686478

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, JEANNETTE
3149-2 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

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, 2002 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	PC	<input type="checkbox"/> Delete
NAME	JAMES, JEANNETTE	
STREET ADDRESS	317 LORIDA AVENUE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32095	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	ROSS, PAULA	
STREET ADDRESS	1918 SOUTH 31ST STREET	
CITY-ST-ZIP	TEMPLE TX 76504	
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"/> 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 [Signature] **James, Jeannette**
 Date: **04-29-2002** Daytime Phone #: **904-9798**

CR2E034 (9/01)