

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90028 030 ***150.00

DOCUMENT # P01000003561

1. Entity Name
OFFICIAL CRAZY JERRY'S INC.

Principal Place of Business Mailing Address
327 NW 23RD AVE STE 5 **327 NW 23RD AVE STE 5**
GAINESVILLE FL 32609 **GAINESVILLE FL 32609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6910 WEST UNIV Avenue **6910 West University Ave**

Suite, Apt. #, etc.
Suite 3 **Suite 3**

City & State City & State
GAINESVILLE, FLORIDA **GAINESVILLE FL**

4. FEI Number Applied For
99-3693259 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32607 **ALACHUA** **32607** **ALACHUA** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RIDDLE, B DOUGLAS
327 NW 23RD AVE STE 5
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent
 Name **B. Douglas Riddle**
 Street Address (P.O. Box Number is Not Acceptable) **6910 WEST UNIVERSITY Ave**
Suite 3
 City **GAINESVILLE** **FL** Zip Code **32607**

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 *B. Douglas Riddle* *B. Douglas Riddle* 1-22-02
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
President B. Douglas Riddle 6910 WEST UNIV Ave suite 3 GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *B. Douglas Riddle* 1-22-02 352-333-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)