

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

**327 NW 23RD AVE STE 5
GAINESVILLE FL 32609**

Mailing Address

**327 NW 23RD AVE STE 5
GAINESVILLE FL 32609**

2. Principal Place of Business

6910 WEST UNIVERSITY Avenue

3. Mailing Address

6910 WEST UNIVERSITY Ave

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE FL

Zip

32607

Country

FLORIDA

Zip

32607

Country

FLORIDA

4. FEI Number

91-3693259

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent Signature required when reinstating)

1-22-02
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

17 ☐ Delete
NAME **President**
STREET ADDRESS **B. Douglas Riddle**
CITY-ST-ZIP **6910 WEST UNIVERSITY Ave suite 3
GAINESVILLE, FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 352-333-0047

Date

Daytime Phone #

CR2E034 (9/01)