

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90053 026 ***150.00

DOCUMENT # P01000041320

1. Entity Name
CRS DEVELOPMENT, INC.

Principal Place of Business
**2528 WOODLAND DR.
 EDGEWATER FL 32141**

Mailing Address
**2528 WOODLAND DR.
 EDGEWATER FL 32141**

2. Principal Place of Business
340 Greenfield Rd.

3. Mailing Address
340 Greenfield Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

USA

Zip

33884

Country

USA

4. FEI Number

59-3714601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LANGFORD, CURTIS R
 2528 WOODLAND DR.
 EDGEWATER FL 32141**

7. Name and Address of New Registered Agent

Name **Langford, Curtis R.**
 Street Address (P.O. Box Number is Not Acceptable)
176 Beverly Drive

City **Winter Haven**

FL

Zip Code
33884

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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	D LANGFORD, CURTIS R 2528 WOODLAND DR. EDGEWATER FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, ROY W JR 148 TANBARK DR. AFTON VA 22920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, BARBARA C 148 TANBARK DR. AFTON VA 22920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAKE, STEVEN W 1736 E. CHAPEL DR. DELTONA FL 32725	<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	D Langford, Curtis R. 176 Beverly Dr. Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Langford, Roy W. Jr 340 Greenfield Road Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Langford, Barbara C. 340 Greenfield Rd. Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

863-318-0720

Daytime Phone #

CR2E034 (9/01)