

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92195 021 ***158.75

DOCUMENT # P01000044134

1. Entity Name
CRUMPS ACQUISITION, INC.



Principal Place of Business
**20 SOUTH BROAD ST.
BROOKSVILLE FL 34601**

Mailing Address
**20 SOUTH BROAD ST.
BROOKSVILLE FL 34601**



2. Principal Place of Business 5330 Spring Hill Drive	3. Mailing Address 5330 Spring Hill Drive
Suite, Apt. #, etc. Suite G	Suite, Apt. #, etc. Suite G

☐ CHECK HERE IF MAKING CHANGES

City & State Spring Hill, FL	City & State Spring Hill, FL	4. FEI Number 65-1100409	Applied For <input type="checkbox"/> Not Applicable
Zip 34606	Country Hernando	Zip 34606	Country Hernando
5. Certificate of Status Desired XXX		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOGAN, THOMAS S JR 20 SOUTH BROAD ST. BROOKSVILLE FL 34601	7. Name and Address of New Registered Agent Name Schtippy Chippolla' Street Address (P.O. Box Number is Not Acceptable) 6172 Commercial Way City Spring Hill FL Zip Code 34606
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARIA, JAMES 20 SOUTH BROAD ST. BROOKSVILLE FL 34601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard A. Fale 3535 Portillo Road, Apt. #19 Spring Hill, FL 34608 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

CR2E034 (10/02)