

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90173 013 ***150.00

DOCUMENT # P01000055951

1. Entity Name
TIMOTHY CROOKS, INC.



Principal Place of Business
1716 N.E. 15TH AVE.
FT. LAUDERDALE FL 33305

Mailing Address
1716 N.E. 15TH AVE.
FT. LAUDERDALE FL 33305

2. Principal Place of Business

TIMOTHY CROOKS, Inc

Suite, Apt. #, etc.
817 N. FED HWY

City & State
FT LAUDERDALE FL

Zip
33304

Country
USA

3. Mailing Address

TIMOTHY CROOKS

Suite, Apt. #, etc.
1410 NE 10AVE #3

City & State
FT LAUDERDALE FL

Zip
33304

Country
USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number
65-1129580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CROOKS, TIMOTHY
1716 N.E. 15TH AVE.
FT. LAUDERDALE FL 33305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CROOKS, TIMOTHY
1716 N.E. 15TH AVE.
FT. LAUDERDALE FL 33305

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4/16/03 954-799-7966

CR2E034 (10/02)