

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

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

05-05-2003 91770 006 \*\*\*150.00

**DOCUMENT # P01000066348**

1. Entity Name  
**CREWS' CLIMATE CONTROL, INC.**



Principal Place of Business  
**5990 CALEB TRAIL  
MACCLENNY, FL 32063**

Mailing Address  
**5990 CALEB TRAIL  
MACCLENNY, FL 32063**

2. Principal Place of Business  
**12140 STATE RD 121 N**  
Suite, Apt. #, etc.

3. Mailing Address  
**12140 STATE RD 121 N**  
Suite, Apt. #, etc.



☐ - CHECK HERE IF MAKING CHANGES

City & State  
**Macclenny FL**  
Zip  
**32063** Country  
**USA**

City & State  
**Macclenny FL**  
Zip  
**32063** Country  
**USA**

4. FEI Number  
**59-3731682** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CREWS, PHILLIP D JR.  
6990 CALEB TRAIL  
MACCLENNY, FL 32063**

7. Name and Address of New Registered Agent

Name  
**Crews, Phillip D JR**  
Street Address (P.O. Box Number is Not Acceptable)

**12140 STATE RD 121 NORTH**  
City  
**Macclenny FL** Zip Code  
**32063**

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 **Phillip D Crews Jr**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

**4-30-03**  
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  
**D  
CREWS, PHILLIP D JR.  
5990 CALEB TRAIL  
MACCLENNY, FL 32063** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CREWS, PHILLIP D SR.  
5972 CALEB TRAIL  
MACCLENNY, FL 32063** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CREWS, PHILLIP D JR.  
12140 STATE RD 121 N.  
MACCLENNY, FL 32063** ☒ Change ☐ Addition

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

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

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

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☐ Change ☐ Addition

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

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 another like empowered.

SIGNATURE: **Phillip D Crews Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03**  
Date

Daytime Phone #

CR2E034 (10/02)