

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90248 019 ***150.00

DOCUMENT # P01000089315

1. Entity Name
CRS DEVELOPMENT GROUP INC.

Principal Place of Business

**1342 COLONIAL BLVD STE K-223
 FT MYERS FL 33907**

Mailing Address

**1342 COLONIAL BLVD STE K-223
 FT MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1136 N.E. PINE ISLAND Rd

Suite, Apt. #, etc.

14

City & State

CAPE CORAL FL

Zip

33990

Country

UNITED STATES

3. Mailing Address

1136 N.E. PINE ISLAND Rd

Suite, Apt. #, etc.

14

City & State

CAPE CORAL FL

Zip

33990

Country

UNITED STATES

4. FEI Number

65-1143013

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STUBBS, C R. SR

**1342 COLONIAL BLVD STE K-223
 FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

STUBBS C R. SR

Street Address (P.O. Box Number is Not Acceptable)

1136 N.E. PINE ISLAND Rd STE #14

City

CAPE CORAL

FL

Zip Code

33990

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 **CH. Stubbs Sr.**

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02
 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

TITLE **CR. STUBBS SR** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CR. STUBBS SR** ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1136 N.E. PINE ISLAND Rd #14

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (941) 573-9230
 Date Daytime Phone #

CR2E034 (9/01)