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

JACKSONVILLE FL 32218

## DOCUMENT #

JACKSONVILLE FL 32218

CRAWFORD SERVICES, INC.



## **FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90485 048 \*\*\*150.00

P02000015844 1. Entity Name

Principal Place of Business Mailing Address 10541 BESSENT RD 10541 BESSENT RD

	ogs en e								
2. Frincipal Place of Business 3. Mailing Address 2940 Lantana Lakes west									
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	ONVIlle FloRIBA	City & State		4.	FEI Number 75 - 30	11657	, <del> </del>	plied For t Applicable	
3324	6 Sountry	37246	SUVa-1	5.	Certificate of Status Desir		\$8.75 Add Fee Required		
	6. Name and Address of Current F	7.	7. Name and Address of New Registered Agent						
CRAWFORD, GEORGE Name Street Addres					EGE CLAWFORD ss(PQ. Box Number is Not Acceptable)				
JACKSONVILLE FL 32218									
, <u>.</u>	· A. ·		Saci	(Con	เชเปเอ	, FL	Zip Code	46	
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, in the riam of refristered pigent 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 \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND D	IRECTORS	(11.)	A	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS	DPST CRWFORD, GEORGE 10541 BESSENT RD	☐ Delete	TITLE NAME STREET ADDRESS	DRES	PLANTANA DE CRAWFOR DE LANTANA LESONVILLE	) Indiae of	Change	☐ Addition	
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP	29.46	Lantana ( KSONVIIIE	FLURI	DA 30	246	
TITLE NAME		☐ Delete	TITLE NAME	•			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS			•			
CITY-ST-ZIP	·		CITY-ST-ZIP		• ••*			,	
TITLE		☐ Delete	TITLE 3 134				Change	☐ Addition	
NAME STREET ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE :	·	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition