

P180000062769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

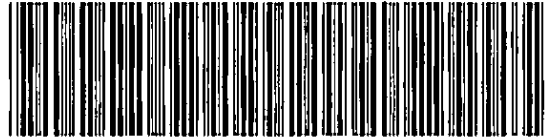
(Document Number)

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2021 SEP 29 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art. of
Correction

OCT 08 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

24 SEP 29 AM 11:34

September 2, 2021

PAMELA MCKINNEY CPA
3433 E GULF TO LAKE HWY
INVERNESS, FL 34453

SUBJECT: DAVID M CRABTREE INC
Ref. Number: P18000062769

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 421A00021320

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVID M CRABTREE INC
Name of Corporation

DOCUMENT NUMBER: P18000062769

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAMELA MCKINNEY CPA

Name of Contact Person

SUMMIT QUEST INC

Firm/Company

3433 E GULF TO LAKE HWY

Address

INVERNESS, FL 34453

City/State and Zip Code

PAMMCKINNEYUS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA MCKINNEY

Name of Contact Person

at (352) 344-8042
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

DAVID M CRABTREE INC

Name of Corporation as currently filed with the Florida Dept. of State

P18000062769

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION
(Document Type Being Corrected)

filed with the Department of State on 07/19/2018
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLES DO NOT REFLECT COLBY CRABTREE AS AN OFFICER

ZIP CODE FOR DAVID CRABTREE IS 34450 (NOT 34442)

Correct the inaccuracy, incorrect statement, or defect:

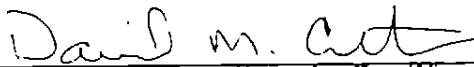
PLEASE LIST AS AN OFFICER OF THE BUSINESS :

COLBY CRABTREE

10846 E BARRET LN

INVERNESS, FL 34450

FILED
2021 SEP 29 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

DAVID M CRABTREE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00