

DOCUMENT # P93000067068

C & J PROPERTY MANAGEMENT, INC.

214 ANNIE ST
ORLANDO FL 32806
US

214 ANNIE ST
ORLANDO FL 32806
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

Applied For	
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Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

CROSSMAN, SCOTT
214 ANNIE ST
ORLANDO FL 32806

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Delete
NAME	CROSSMAN, SCOTT E	
STREET ADDRESS	214 ANNIE ST	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
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CITY- ST- ZIP	

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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:

 Scott Crossman President 3-21-01 407-423-5400

Date _____

Daytime Phone # _____

0065403

CR2E034 (10/00)