

# 2000 UNIFORM BUSINESS REPORT (UBR)

PA142

DOCUMENT # P94000003512

1. Entity Name

CROCKETT CONSTRUCTION SERVICES, INC.

FILED

00 OCT -2 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

401 N. CALOOSAHATCHEE DR.  
JUPITER FL 33458

Mailing Address

401 N. CALOOSAHATCHEE DR.  
JUPITER FL 33458

2. Principal Place of Business

P.O. Box 1691

3. Mailing Address

P.O. Box 1691

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33468

Country

US

Zip

33468

Country

US

4. FEI Number

65-0503964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CROCKETT, WILLIAM D  
401 N. CALOOSAHATCHEE DR.  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

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

C/O Beth Crowell CPA  
609 N. Hepburn Ave, Ste 105

City Jupiter

FL

Zip Code 33458

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)

9-25-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | P                        | <input type="checkbox"/> Delete |
| NAME           | CROCKETT, W D            |                                 |
| STREET ADDRESS | 401 N CALOOSA HATCHEE ST |                                 |
| CITY-ST-ZIP    | JUPITER FL               |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | P.O. Box 1691  |
| CITY-ST-ZIP    | Jupiter FL 33468   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS | 500003420705--5  |
| CITY-ST-ZIP    | -10/10/00--01085--019  |
|                | ***150.00 ***150.00  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-25-00

SP

CP2E034 (5/00)

*Beth Crowell*  
*Certified Public Accountant*

pg 2 of 2

609 N. Hepburn Avenue • Suite 105 • Jupiter, Florida 33458 • (561) 747-0272 • Fax: (561) 747-9907

September 26, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Crockett Construction, Inc.  
Doc. #P94000003512

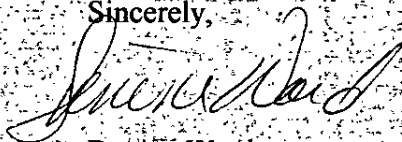
Dear Sir/Madam:

The above client is going through an extremely unsettling divorce. The documentation to renew the above corporation was not received by Mr. Crockett in a timely manner. He therefore, could not send in the report on time. The second request form, which is normally sent out to the corporations, was not forwarded to Mr. Crockett. If the form was sent to the Caloosahatchee Dr., there is no way Mr. Crockett can obtain it unless his wife gives it to him. They are not on good terms which makes it very difficult for Mr. Crockett obtain anything from that address.

Please waive any penalties and process his report as soon as possible. Enclosed is a check in the amount of \$150.00 required to process the report. The addresses are changed on the report to reflect a safe address for Mr. Crockett's mail. Mr. Crockett does maintain an P.O. Box for his mail, therefore, the address for registered agent will come to his accountant's office.

Thank you for your immediate attention to this matter. Please contact us if you should need additional information.

Sincerely,



Denine Ward  
Associate

DW:pf  
Enclosures