

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042926

1. Entity Name

CROTTY RESIDUALS MANAGEMENT, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90139 010 ***150.00

Principal Place of Business

Mailing Address

2273 RAYBURN RD
 ORLANDO FL 32824
 US

2273 RAYBURN RD
 ORLANDO FL 32824-9502
 US

2. Principal Place of Business

921 N. John Young Parkway
 Suite, Apt. #, etc.

3. Mailing Address

921 N. John Young Parkway
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

4. FEI Number

59-3254013

Applied For

Not Applicable

Zip

34741

Country

Osceola

Zip

34741

Country

Osceola

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, RENDA C
 2273 RAYBURN RD
 ORLANDO FL 32824

Name Same

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

921 N. John Young Parkway

City Kissimmee

FL

Zip Code

34741

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, 2000 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, RENDA C	
STREET ADDRESS	1715 HENRY ST	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CROTTY, BRYANT	
STREET ADDRESS	1400 GEMINI BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CROTTY, LINDA	
STREET ADDRESS	1790 LEMON AVENUE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROTTY, RC	
STREET ADDRESS	3140 ROSE MARIE DRIVE	
CITY-ST-ZIP	KISSIMMEE 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Renda C. Carter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/01/00 407-847-4960

CR2E034 (9/99)