

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000047183**

1. Entity Name

CRAWFORD PROPERTIES, INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90008 001 ***150.00

Principal Place of Business 151 REGIONS WAY SUITE 1F DESTIN FL 32541 US	Mailing Address 151 REGIONS WAY SUITE 1F DESTIN FL 32541-3646 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3254396	Applied For
		Not Applicable

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****FOSTER, WILLIAM S**
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH FL 32547

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, T. C.	
STREET ADDRESS	151 REGIONS WAY BLDG 1 STE F	
CITY-ST-ZIP	DESTIN FL	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, MARY B	
STREET ADDRESS	151 REIGONS WAY SUITE 1F	
CITY-ST-ZIP	DESTIN FL	

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

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 850-654-8047