

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054035

1. Entity Name

CROWLEY & COMPANY ADVERTISING, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90004 031 ***150.00

Principal Place of Business

Mailing Address

2416 NO. ESSEX AVENUE
 HERNANDO FL 34442

2416 NO. ESSEX AVENUE
 HERNANDO FL 34442-5320

810460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3259688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POE, GARY A
 103 NO. APOPKA AVENUE
 INVERNESS FL 34450

Name

ROBERT P. CROWLEY

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

2416 N. ESSEX AVE

City

HERNANDO

FL

Zip Code

34442

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

Robert P. Crowley PRESIDENT 2/14/00

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 PSTD ☐ Delete
 NAME CROWLEY, ROBERT P
 STREET ADDRESS 1641 E. WESTGATE LANE
 CITY-ST-ZIP HERNANDO FL

TITLE P/T/D ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME CROWLEY, JOANNE F
 STREET ADDRESS 8751 N. AMBOY DR.
 CITY-ST-ZIP DUNNELLON FL

TITLE V/D ☒ Change ☐ Addition
 NAME DAVIDSON, JOANNE F
 STREET ADDRESS 8751 N AMBOY DR
 CITY-ST-ZIP DUNNELLON, FL

TITLE D ☐ Delete
 NAME CROWLEY, EILEEN M
 STREET ADDRESS 1641 EAST WESTGATE LANE
 CITY-ST-ZIP HERNANDO FL 34442

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V/S/D ☐ Change ☒ Addition
 NAME SAYADOFF KATHLEEN A.
 STREET ADDRESS 1028 N. CHANCE WAY
 CITY-ST-ZIP INVERNESS, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 reports 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:

Robert P. Crowley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. CROWLEY

2/14/00 352-527-0005

CR2E034 (9/99)