

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90139 019 ***150.00

DOCUMENT # **PA4000060376**

1. Entity Name

CRESCENT PROPANE, INC.



DO NOT WRITE IN THIS SPACE

90134532

2. Principal Place of Business

171 SW 250 ST

Suite, Apt. #, etc.

NA

3. Mailing Address

PO Box 1818

Suite, Apt. #, etc.

NA

City & State

NEWBERRY FL

City & State

NEWBERRY, FL

4. FEI Number

Applied For

Not Applicable

Zip

32669

Country

ALACHUA

Zip

32669

Country

ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jon E. Coleman

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

171 SW 250 ST

City

NEWBERRY

FL

Zip Code

32669

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jon E. Coleman P. Jon E. Coleman

5-13-03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
Jon E. Coleman
25409 SW 30 Ave.
Newberry, FL 32669**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon E. Coleman Jon E. Coleman

Date

5-13-03 472-0046

Daytime Phone #

CR2E034B (12/02)

Attachment

90134532

P94000060376

CRESCENT PROPANE

P.O. BOX 1818

NEWBERRY, FL. 32669

(352) 472-0046

(352) 472-0063 FAX

DATE May 13, 2003

**Florida Department of State
Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500**

RE: New year renewal 2003

Dear Sirs;

We have enclosed a check for our Corporation Renewal License. We did not receive the renewal in the mail, so we are asking that the late fee be waived.

We can be reached at the phone number above. Thanking you in advance for your cooperation in this matter.

Sincerely,

Crescent Propane