

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 894000094343

1. Entity Name

Crenshaw Concrete Construction, Inc.

Principal Place of Business

Mailing Address

657 E. Pine Ave.  
St. George Is. FL 32328

2. Principal Place of Business

As above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3291764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED  
00 DEC -6 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

James L. Crenshaw  
657 E. Pine Ave  
St. George Is. FL  
32328

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President  
NAME: James L. Crenshaw  
STREET ADDRESS: 657 E. Pine Ave.  
CITY-ST-ZIP: St. George Is. FL 32328 ☐ Delete

TITLE: ~~Former~~ Vice President  
NAME: John A. Law  
STREET ADDRESS: 657 E. Pine Ave  
CITY-ST-ZIP: St. George Is. FL 32328 ☐ Delete

TITLE: Rufus Polk  
NAME: Rufus Polk  
STREET ADDRESS: 657 E. Pine Ave  
CITY-ST-ZIP: St. George Is. FL 32328 ☒ Delete

TITLE: Todd Cleaver  
NAME: Todd Cleaver  
STREET ADDRESS: 657 E. Pine Ave  
CITY-ST-ZIP: St. George Is. FL 32328 ☒ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Vice President  
NAME: Libb M. Thorpe  
STREET ADDRESS: 657 E. Pine Ave.  
CITY-ST-ZIP: St. George Is. FL 32328 ☐ Change ☒ Addition

TITLE: Treasurer  
NAME: John A. Law  
STREET ADDRESS: 657 E. Pine Ave.  
CITY-ST-ZIP: St. George Is. FL 32328 ☒ Change ☐ Addition

400003492714-1  
-12/11/00--01009--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00 ☐ Change ☐ Addition

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

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

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

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

12-6-2000

Date

850-927-2087

Daytime Phone #

CR2E034 (9/99)