

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094343

1. Entity Name

CRENSHAW CONCRETE CONSTRUCTION, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90100 048 ***150.00

Principal Place of Business

Mailing Address

657 E. PINE ST.
ST. GEORGE ISLAND FL 32328

657 E. PINE ST.
ST. GEORGE ISLAND FL 32328

2. Principal Place of Business

As above

3. Mailing Address

as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3291964**

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

CRENSHAW, JAMES L
657 EAST PINE AVE
ST. GEORGE ISLAND FL 32328

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, 2001 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	P	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRENSHAW, JAMES L		NAME	Lisa M. Thorne	
STREET ADDRESS	657 E PINE STREET		STREET ADDRESS	657 E. Pine Ave.	
CITY-ST-ZIP	ST. GEORGE ISLAND FL		CITY-ST-ZIP	St. George Is. FL. 32328	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, JOHN A		NAME	John A. Law	
STREET ADDRESS	657 E PINE STREET		STREET ADDRESS	657 E. Pine Ave	
CITY-ST-ZIP	ST. GEORGE ISLAND FL		CITY-ST-ZIP	St. George Is., FL. 32328	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, RUFUS		NAME		
STREET ADDRESS	657 E PINE AVE		STREET ADDRESS		
CITY-ST-ZIP	ST GEORGE ISLAND FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAVER, TEDD M		NAME		
STREET ADDRESS	657 E PINE AVE		STREET ADDRESS		
CITY-ST-ZIP	ST. GEROGIE IS FL 32328		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

04/27/01

899 0786

Date

Daytime Phone #

CR2E034 (10/00)