

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016098

1. Entity Name

CRMC, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90022 006 ***158.75

Principal Place of Business

1915 SOUTH 10TH STREET
HAINES CITY FL 33844
US

Mailing Address

P.O. BOX, 1595
HAINES CITY FL 33845-1595
US

2. Principal Place of Business

91 E. Lake Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

4. FEI Number

59-3297605

Applied For

Not Applicable

Zip

33844

Country

US

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMERLY, CAROL L
300 CREST DR.
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name Drier, Roberta J

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

91 E. Lake Dr.

City Haines City

FL

Zip Code 33844

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

Roberta J. Drier

4/8/00

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	D	<input type="checkbox"/> Delete
NAME	ZIMMERLY, CAROL L	
STREET ADDRESS	300 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERLY, ROBERTA J	
STREET ADDRESS	300 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERLY, DOLORES J	
STREET ADDRESS	300 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Graham, Carol L	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drier, Roberta J.	
STREET ADDRESS	91 E. Lake Dr	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Roberta J. Drier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Date

863.421.3322

Daytime Phone #

CR2E034 (9/99)