

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000016098**1. Entity Name
CRMC, INC.

Principal Place of Business

91 E. LAKE DR.

HAINES CITY
33844

FL

US

Mailing Address

P.O. BOX, 1595

HAINES CITY
33845

FL

US

2. Principal Place of Business

91 E. LAKE DR.

3. Mailing Address

P.O. BOX, 1595

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAINES CITY

FL

City & State

HAINES CITY

FL

Zip
338447339Country
USZip
338451595Country
US

4. FEI Number

59-3297605

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DRIER ROBERTA J
91 E. LAKE DR.HAINES CITY
33844

FL

US

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 **ROBERTA DRIER**

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

(NOTE: Registered Agent signature required when reinstating)

04/22/2001

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

TITLE D ☐ Delete
NAME ZIMMERLY DOLORES J
STREET ADDRESS 300 CREST DRIVE
CITY-ST-ZIP HAINES CITY FL 33844TITLE VP ☐ Delete
NAME DRIER ROBERTA J
STREET ADDRESS 91 E. LAKE DR.
CITY-ST-ZIP HAINES CITY FL 33844TITLE P ☐ Delete
NAME GRAHAM CAROL
STREET ADDRESS 300 CREST DRIVE
CITY-ST-ZIP HAINES CITY FL 33844TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 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 Drier**

VP

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)