

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000016098

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: CRMC, INC.

## Current Principal Place of Business:

91 E. LAKE DR.  
HAINES CITY, FL 338447339 US

## New Principal Place of Business:

2571 PARTRIDGE DRIVE  
WINTER HAVEN, FL 338843033 US

## Current Mailing Address:

P.O. BOX, 1595  
HAINES CITY, FL 338451595 US

## New Mailing Address:

FEI Number: 59-3297605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRIER, ROBERTA J  
91 E. LAKE DR.  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

DRIER, ROBERTA J  
2571 PARTRIDGE DRIVE  
WINTER HAVEN, FL 33884 US

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

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRAHAM, CAROL  
Address: 300 CREST DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Delete  
Name: DRIER, ROBERTA J  
Address: 91 E. LAKE DR.  
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete  
Name: ZIMMERLY, DOLORES J  
Address: 300 CREST DRIVE  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRAHAM, CAROL  
Address: 300 CREST DRIVE  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP (X) Change ( ) Addition  
Name: DRIER, ROBERTA J  
Address: 2571 PARTRIDGE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D (X) Change ( ) Addition  
Name: ZIMMERLY, DOLORES J  
Address: 300 CREST DRIVE  
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA DRIER

VP

04/29/2003

Electronic Signature of Signing Officer or Director

Date