

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-26-2001 90129 048 ***150.00

DOCUMENT # P95000034138

1. Entity Name

CRESTWAY CORPORATION

Principal Place of Business

Mailing Address

3550 S. WASHINGTON-UNIT 8
TITUSVILLE FL 327803550 S. WASHINGTON-UNIT 8
TITUSVILLE FL 32780

2. Principal Place of Business

1300 ARMSTRONG DRIVE

3. Mailing Address

P.O. BOX 849

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

TITUSVILLE FL

Zip

32780

Country

USA

Zip

32781-0849

Country

USA

4. FEI Number

59-3324467

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAMER, CHARLES W ESQ
1420 EDGEWATER DRIVE
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name

TREVOR MURDOCH

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

7335 JAMISON AVE, COCOA,

City

FL

Zip Code

32927

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

2/17/01

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	TSD	<input checked="" type="checkbox"/> Delete
NAME	GRUETER, RAY	
STREET ADDRESS	3550 S. WASHINGTON-UNIT 8	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURDOCH, TREVOR	
STREET ADDRESS	3550 S. WASHINGTON-UNIT 8	
CITY-ST-ZIP	TITUSVILLE FL 32780	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		<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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 19.07(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 file 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 changes indicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01**321-268-8366**

Daytime Phone #

CR2E034 (10/00)