

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038401

1. Entity Name

CRK, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90217 050 ***150.00

Principal Place of Business

Mailing Address

4747 HOLLYWOOD BLVD.
SUITE 170
HOLLYWOOD FL 33021

4747 HOLLYWOOD BLVD.
SUITE 170
HOLLYWOOD FL 33021-6503

2. Principal Place of Business

374 S.W. 4th COURT

3. Mailing Address

2540 GARFIELD STREET

Suite, Apt. #, etc.

Bay 9

Suite, Apt. #, etc.

City & State

DANIA, FLORIDA

City & State

HOLLYWOOD FLORIDA

Zip

33004

Country

Zip

33020

Country

4. FEI Number

65-0593101

Applied For

Not Applicable

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FETZER, KEITH	
STREET ADDRESS	4747 HOLLYWOOD BLVD., #170	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	FETZER, CINDY	
STREET ADDRESS	4747 HOLLYWOOD BLVD., #170	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FETZER, KEITH		
STREET ADDRESS	2540 GARFIELD ST		
CITY-ST-ZIP	HOLLYWOOD FL 33020		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FETZER, Cynthia		
STREET ADDRESS	2540 GARFIELD ST		
CITY-ST-ZIP	HOLLYWOOD FL 33020		
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:

Cynthia L. Fetzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

954-879-3634

CF 034 (9/99)