

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90066 019 ***150.00

DOCUMENT # P95000064065

1. Entity Name
CRESSKILL, INC.

Principal Place of Business

3252 N.E. 29TH CT.
 Ocala FL 34479
 US

Mailing Address

P.O. BOX 899
 SILVER SPRINGS FL 34489-0899
 US

00052432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 N.E. 35TH ST.

Suite, Apt. #, etc.

OCALA, FL

City & State

34479

Zip

USA

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0601087**

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

HEFFERNAN, RICHARD L
2911 EAST MAIN STREET
PAHOKEE FL 33476

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERMAN, ROBERT W	
STREET ADDRESS	3252 N.E. 29TH CT	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, LORETTA M	
STREET ADDRESS	3252 N.E. 29TH CT.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *X Robert Sherman* **ROBERT SHERMAN** **3-1-00** **352-368-2803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/99)