## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000083365** Mar 30, 2000 8:00 am Secretary of State CRIBBS DEVELOPMENT, INC. 03-30-2000 90055 037 \*\*\*150.00 Mailing Address Principal Place of Business 3317 WOODBURY CT 3317 WOODBURY CT ST AUGUSTINE FL 32086-5088 ST AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address OAN. Churchill Dr. 09 N. Churchil Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3354009 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32081 086 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRIBBS, JAMIE J Street Address (P.O. Box Number is Not Acceptable) 3317 WOODBURY CT ST AUGUSTINE FL 32086 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PT TITI F Addition ☐ Delete TITLE CRIBBS, JAMIE J NAME NAME 109 N. Churchill Dr. STREET ADDRESS STREET ADDRESS 3317 WOODBURY CT St Augustine, 71.30086 CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Addition ☐ Delete TITLE TITLE 109 N. Churchill Dr. CRIBBS, VERNON L NAME NAME 3317 WOODBURY CT STREET ADDRESS STREET ADDRESS St. Augustine, 71. 32086 CITY-ST-7IP CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

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 an other ke empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

378-00 0

904-810-5030

Daytime Phone #