

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006267

1. Entity Name

C & R CUSTOM HOMES & RENOVATIONS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90170 009 ***158.75

Principal Place of Business

Mailing Address

6767 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256

P O BOX 2295
PONTE VEDRA BEACH FL 32004-2295

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3359872

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAIN, RICHARD
14105 MANDARIN OAKS LN
JACKSONVILLE FL 32223

Name

CAIN, RICHARD

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

109 MAYFAIR LN

City

PONTE VEDRA BEACH

FL

Zip Code
32082

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

4-6-00

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 P
NAME CAIN, JANET
STREET ADDRESS 14104 MANDARIN OAKS LN
CITY-ST-ZIP JACKSONVILLE FL 32223



TITLE V
NAME CAIN, RICHARD
STREET ADDRESS 14104 MANDARIN OAKS LN
CITY-ST-ZIP JACKSONVILLE FL 32223



TITLE VS
NAME LANCASTER, ANITA
STREET ADDRESS 5129 OTTER CREEK DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082



TITLE VT
NAME MAY, MELISSA
STREET ADDRESS 5972 COUNTY ROAD 209 S
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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STREET ADDRESS
CITY-ST-ZIP



TITLE
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CITY-ST-ZIP



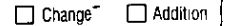
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CITY-ST-ZIP



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 904-

CR2E034 (9/99)