

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90065 039 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000030782

1. Entity Name
P.D. CREW, INC.

Principal Place of Business
**2405 SOUTH WILDERNESS DRIVE
 FORT PIERCE FL 34982**

Mailing Address
**2405 SOUTH WILDERNESS DRIVE
 FORT PIERCE FL 34982**

2. Principal Place of Business
8912 S. US # 1
 Suite, Apt. #, etc.

3. Mailing Address
8912 S. US # 1
 Suite, Apt. #, etc.

City & State
Port St. Lucie, FL
 Zip
34952

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Port St. Lucie, FL
 Zip
34952

4. FEI Number **65-0676536**
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CREW, PAMELA H
 2405 SOUTH WILDERNESS DRIVE
 FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8912 S. US # 1
 City
Port St. Lucie, FL Zip Code
34952

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 *Pamela H. Crew* *Pamela H. Crew* *1-3-01*
 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)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREW, DAVID L. SR 2405 S WILDERNESS DR FT PIERCE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREW, PAMELA H. 2405 S WILDERNESS DR FT PIERCE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREW, PAMELA H. 2405 S WILDERNESS DR FT PIERCE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crew, David L. SR 427 SW Crabapple Cove Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Crew, Pamela H. 427 SW Crabapple Cove Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Crew, Pamela H. 427 SW Crabapple Cove Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Pamela H. Crew* *Pamela H. Crew S/T* *1-3-01* *(561) 878-4105*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)