From:

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91394 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058375

1. Entity Name
CRAWFORD HOUSE, INC.

90110976

Principal Place of Business
320 NW 54TH COURT
FT LAUDERDALE, FL 33309

Mailing Address
320 NW 54TH COURT
FT LAUDERDALE, FL 33309

[redacted]

2. Principal Place of Business — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0685674** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KATHRYN CRAWFORD
320 NW 54TH COURT
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CRAWFORD, KATHRYN	
STREET ADDRESS	320 NW 54TH COURT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn Crawford 4·25·03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #