

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90035 029 ***150.00

DOCUMENT # P96000059712

1. Entity Name

CRS ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business

**704 BRADFORD DRIVE
FT. WALTON BEACH FL 32458**

Mailing Address

**704 BRADFORD DRIVE
FT. WALTON BEACH FL 32458**

2. Principal Place of Business

3. Mailing Address

117 N. PACOTRACK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

335

City & State

City & State

Fort Walton, Bch. FL

Zip

Country

Zip

Country

32547

USA

4. FEI Number

59-3400292

Applied For

Not Applied For

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

**POOLE, HOWARD S
704 BRADFORD DRIVE
FT. WALTON BEACH FL 32458**

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

TITLE ☐ Delete

**P
POOLE, HOWARD S
704 BRADFORD DR
FT WALTON BEACH FL**

TITLE ☐ Delete

**ST
KOTTMEIER, PETER A
26 CIRCLE DR
FORT WALTON BEACH FL**

TITLE ☐ Delete

**VP
POOLE, JAMES W
23 LAURIE DR
FORT WALTON BEACH FL**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☒ Change ☐ Addition

**ST
Kottmeier, Peter A
105 Charlotte Ct.
Fort Walton Bch. FL 32547**

TITLE ☒ Change ☐ Addition

**VP
Poole, James W
111 Woodland Dr
Crestview, FL 32539**

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE
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:

Peter A Kottmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

850 978-0081

Daytime Phone #