

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90441 030 ***158.75

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

**117 N RACETRACK
 335
 FORT WALTON BEACH FL 32547**

2. Principal Place of Business

285 Unit D Azalea Dr.

3. Mailing Address

285 Unit D Azalea Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit D

Unit D

City & State

Destin FL

City & State

Destin FL

Zip

32541

Country

Okaloosa

Zip

32541

Country

Okaloosa

4. FEI Number

59-3400292

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Howard Scott Poole

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, 2001 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 **P** ☐ Delete
 NAME **POOLE, HOWARD S**
 STREET ADDRESS **704 BRADFORD DR**
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE **ST** ☐ Delete
 NAME **KOTTMEIER, PETER A**
 STREET ADDRESS **26 CIRCLE DR**
 CITY-ST-ZIP **FORT WALTON BEACH FL**

TITLE **VP** ☐ Delete
 NAME **POOLE, JAMES W**
 STREET ADDRESS **23 LAURIE DR**
 CITY-ST-ZIP **FORT WALTON BEACH FL**

TITLE **VP** ☐ Delete
 NAME **Hopper Crispian M**
 STREET ADDRESS **675 St. Louis Core**
 CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Howard Scott Poole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01 (850) 269-2997

Date

Daytime Phone #

CR2E034 (10/00)

0312003