

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021003

1. Entity Name
CRUMP CONSTRUCTION, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90124 036 ***158.75

Principal Place of Business
28420 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33761

Mailing Address
28420 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33761

2. Principal Place of Business
1115 Conant Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 16474
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Safety Harbor, FL
Zip
34695
Country
USA

City & State
Clearwater, FL
Zip
33766
Country
USA

4. FEI Number 59-3435365
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARROYO, ANGELA K
2651 BEAUMONT COURT
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name Bert W. Crump
Street Address (P.O. Box Number is Not Acceptable) 1115 Conant Avenue
City Safety Harbor FL Zip Code 34695

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 Bert W. Crump, Bert W. Crump (President) 4-25-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	<input type="checkbox"/> Delete
NAME	CRUMP, BERT W	
STREET ADDRESS	170 CORAL DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VTS	<input checked="" type="checkbox"/> Delete
NAME	ARROYO, ANGELA K	
STREET ADDRESS	2651 BEAUMONT COURT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bert W. Crump	
STREET ADDRESS	1115 Conant Avenue	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bert W. Crump, Bert W. Crump 4-25-01 (727) 726-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)