2000 UNIFORM BUSINESS REPORT (UBR)

5/.

DOCUMENT # P97000021987

1. Entity Name

CRAWFORD ENTERPRISES UNLIMITED, INC.

Principal Place of Business	Mailing Address
5500 NW 5TH AVE BOCA RATON FL 33487	5500 NW 5TH AVE BOCA RATON FL 33444-1841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4824 Brandywine Drive

Suite, Apt. #, etc.

3. Mailing Address

4824 Brandywine Drive

Suite, Apt. #, etc.

City & State: Boca Raton, FL

City & State: Boca Raton, FL

Zip: 33487   Country: U.S.A.

Zip: 33487   Country: U.S.A.

4. FEI Number: 65-0742824 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, JAMES T
5500 NW 5TH AVE
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Phillip C. Crawford

Street Address (P.O. Box Number is Not Acceptable): 4824 Brandywine Drive

City: Boca Raton   FL   Zip Code: 33487

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: Phillip C. Crawford

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 5/11/00

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CRAWFORD, JAMES T		NAME			
STREET ADDRESS	5500 NW 5TH AVE		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CRAWFORD, PHILLIP		NAME			
STREET ADDRESS	4824 BRANDYWINE DR		STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☒ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-20-00

Daytime Phone #: (561) 994-1965