## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

P97000035080

Mailing Address

1. Entity Name

CRABTREE & FALLAR, P.A.



**FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90086 043 \*\*\*150.00



8777 SAN JOSE BLVD BLDG A STE 100 JACKSONVILLE FL 32217			BLDG A STE 100 JACKSONVILLE FL 32217											
2. Principal Place of Business			3. Mailing Address						1 JUU (BU)( 18811 BR	111 <b>8 1</b> 111 <b>4 1</b> 111 1	19199 1111	H BILLI BEIDI	12(1) 251( 104)	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City & State				4. F	El Number	59-3443	331			plied For at Applicable	
Zip	Country			Zip		Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						
	6 Name	and Address of Current	Registered Agent			erasua serv	- ·7 <u>;-1</u>	Name and A	ddress of Ne	ew Register	ed Age	nt-		
	0					Name								
FALLAR, S	SCOTT W		-			Street Address (P.O. Box Number is Not Acceptable)								
8777 SAN	JOSE BL	/D								<u>-</u>		<del></del> -		
BLDG A S	TE 200													İ
JACKSONVILLE FL 32217						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 _	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTI	E: Registere	d Agent signature requi	red when n	einstating)			ATE.			Ì
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State				u <del>_</del>	Trus	ction Campaig t Fund Contri	bution.		Adde	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	ORS	11.		A	DITIONS/C	HANGES TO	OFFICERS				ໄລ
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CITY-ST-ZIP					CIT	Y-ST-ZIP				16.0		41	information	-

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:



Date

Daytime Phone #