

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069565

1. Entity Name

CRIBBS INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90078 046 \*\*\*150.00

Principal Place of Business

4255 S. ALABAMA AVE.  
HOMOSASSA FL 34446

Mailing Address

4255 S. ALABAMA AVE.  
HOMOSASSA FL 34446-1235

2. Principal Place of Business

4255 S. Alabama Ave.

Suite, Apt. #, etc.

3. Mailing Address

4255 S. Alabama Ave.

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

4. FEI Number

59-3464001

Applied For

Not Applicable

Zip

34446

Country

USA

Zip

34446

Country

USA

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

CRIBBS, DONALD S  
4255 S. ALABAMA AVE.  
HOMOSASSA FL 34446

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

*Donald S. Cribbs*  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | 0                    | <input type="checkbox"/> Delete |
| NAME           | CRIBBS, KRISTINA     |                                 |
| STREET ADDRESS | 4255 S. ALABAMA AVE. |                                 |
| CITY-ST-ZIP    | HOMOSASSA FL 34446   |                                 |
| TITLE          | 0                    | <input type="checkbox"/> Delete |
| NAME           | CRIBBS, KRISTINA     |                                 |
| STREET ADDRESS | 4255 S. ALABAMA AVE. |                                 |
| CITY-ST-ZIP    | HOMOSASSA FL 34446   |                                 |
| 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"/> 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    |  |   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

352-447-1212

Daytime Phone #

CR2E034 (9/99)