AMENDED REPORT

FILED

03 AUG 26 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069565

1. Entity Name
CRIBBS INC.

Principal Place of Business	Mailing Address
4018 S OHIO AVENUE HOMOSASSA, FL 34446 US	PO BOX 358 HOMOSASSA SPRINGS, FL 34447 US

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6514 Homosassa Trail W.	10444 W. Hall's River Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homosassa, Florida	City & State: Homosassa Florida
Zip: 34446 Country: USA	Zip: 34448 Country: U.S.A

4. FEI Number: 59-3464001 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, RODNEY L
10444 W. HALLS RIVER RD.
HOMOSASSA, FL 34448

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

~~08/26/03--01032--001 **61.25~~

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 ______________________ DATE

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

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	O ☒ Delete	TITLE	Director & President ☒ Change ☐ Addition
NAME	CRIBBS, KRISTINA	NAME	Rodney L. Jones
STREET ADDRESS	4255 S. ALABAMA AVE.	STREET ADDRESS	10444 W. Halls River Rd.
CITY-ST-ZIP	HOMOSASSA, FL 34446	CITY-ST-ZIP	Homosassa, Florida 34448
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	900022572039
STREET ADDRESS		STREET ADDRESS	08/26/03--01032--001 **61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Rod Jones Director & President — August 23, 03 — (352) 628-9919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/26