

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078145

1. Entity Name

MARKHAM CRAWFORD, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90022 017 ***150.00

Principal Place of Business

P.O. BOX 8021
FT. WALTON BEACH FL 32548

Mailing Address

P.O. BOX 8021
FT. WALTON BEACH FL 32548

2. Principal Place of Business

634 Brookhaven Way
Suite, Apt. #, etc.

3. Mailing Address

634 Brookhaven Way
Suite, Apt. #, etc.

City & State

Niceville FL

City & State

Niceville FL

Zip
32578

Country
OKaloosa

Zip
32578

Country
OKaloosa



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3482985

Applied For

Not Applicable

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

MARKHAM-CRAWFORD, NAOMI D
634 BROOKHAVEN WAY
NICEVILLE FL 32578

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

Naomi D Markham Crawford

4/16/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MARKHAM-CRAWFORD, NAOMI D
P.O. BOX 8021
FT. WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D Markham-Crawford Naomi D
634 Brookhaven Way
Niceville FL 32578 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Naomi D Markham Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

Naomi D Markham-Crawford

850-892-2448

CR2E034 (10/00)