

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90409 004 \*\*\*150.00

**DOCUMENT # P97000090970**

1. Entity Name  
**CREWS' REMODELING CO.**

Principal Place of Business  
**5486 DOUG TAYLOR CIRCLE #1**  
**ST. JAMES CITY FL 33956**

Mailing Address  
**PO BOX 47**  
**ST. JAMES CITY FL 33956**

2. Principal Place of Business  
**8625 REDWOOD DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ST JAMES CITY**  
 Zip  
**33956**  
 Country  
**USA**

City & State  
**SAME**  
 Zip  
 Country

4. FEI Number  
**65-0789606**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CREWS, RICHARD A**  
**5486 DOUG TAYLOR CIRCLE #1**  
**ST. JAMES CITY FL 33956**

## 7. Name and Address of New Registered Agent

Name  
**SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3880 Snowbird Ln**  
 City  
**ST JAMES CITY** **FL** **33956**

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 **Richard A Crews, President**  
 Signature, typed or printed name of registered agent and title if applicable.

**4-26-02**  
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CREWS, RICHARD A</b> <b>5486 DOUG TAYLOR CIRCLE #1</b> <b>ST. JAMES FL 33956</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COOK, JAMES</b> <b>3876 ROYAL PALM DRIVE</b> <b>ST. JAMES FL 33956</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COOK, MELISSA</b> <b>3876 ROYAL PALM DRIVE</b> <b>ST. JAMES FL 33956</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME - PRESIDENT</b> <b>RICHARD A CREWS</b> <b>3880 Snowbird Ln</b> <b>ST JAMES FL 33956</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard A Crews, President** **4-26-02** **239-283-1526**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)