

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90063 001 ***150.00

DOCUMENT # P97000095087

1. Entity Name

CRAWFORD TECHNOLOGIES, INC.

Principal Place of Business

**1930 SOUTH MILITARY TRAIL
1930 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-6415**

Mailing Address

**1930 SOUTH MILITARY TRAIL
1930 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-6415
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0797952

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WINKEL, WILLIAM M ESQ.
2627 FOREST HILL BLVD.
WEST PALM BEACH FL 33406**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CRAWFORD, THOMAS N SR.**
STREET ADDRESS **1930 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH FL 33415-6415**

TITLE **PD** ☒ Change ☐ Addition
NAME **CRAWFORD, THOMAS N. SR.**
STREET ADDRESS **3763 VICTORIA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **STD** ☐ Delete
NAME **CRAWFORD, JOAN S**
STREET ADDRESS **1930 SOUTH MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH FL 33415-6415**

TITLE **STD** ☒ Change ☐ Addition
NAME **CRAWFORD, JOAN S.**
STREET ADDRESS **3763 VICTORIA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Joan S Crawford* **JOAN S. CRAWFORD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

561-434-3803

Date

Daytime Phone #

036 318 AV

CR2E034 (9/01)