2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR)								FILED Feb 07, 2002 8:00 am				
DOCUMENT # P97000098679							Secretary of State					
1. Entity Nam CRAB CR	ne EEK ROAD FA	ARMS, INC.						02-07-2002 9				
Principal Plac	ce of Business	· ··	Mailing Address									
21524 NW 94T ALACHUA FL			ONE SE THIRD AVE 28 FLOOR ATTN: HENRY RAATTAL MIAMI FL 33131									
Principal Place of Business 3. Mailing Address												
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	e		City & State			4	4. FEI Number 58-2361768 Applied For Not Applicable					
Zip	Country		Zip Count		ry	5. Certificate of Status Desired						
	6. Name and A	ddress of Current Re	gistered Agent			7	. Na	me and Address of New F	Registered A	gent		
RAATTAMA, HENRY H JR					Name Street Address (P.O. Box Number is Not Acceptable)							
ONE SE THIRD AVENUE 28TH FLOOR					Street A	udress (F.C	7. 60x					
MIAMI FL 33131										,		
					City				FL	Zip Cod	e	
Tax filing	Signature, typed or printed or atlon is eligible to see requirement and ele ria on back}		FILE NOW After May 1, 20	!!! FEE 02 Fee v	S \$150. vill be \$5	50.00	- T	10. Election Campaign Fi Trust Fund Contribution	• –		0 May Be	
11.	·	OFFICERS AND DIE	Make Check Payat	12.	parunen		ADDI	TIONS/CHANGES TO OFF	ICERS AND	DIBECTOR	S IN 11	
TITLE	DP	OFFICERS AND DIF	Delete	TITLE	~-			Secretary	ICENS AND	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CLARK, CHRISTII 21524 NW 94TH ALACHUA FL 321	AVE			T ADDRESS	One S.	enry H. Raattama, Jr. ne S.E. Third Avenue, 28th Floor Lami, Florida 33131				•	
TITLE	DVPS		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CLARK, FRED 21524 NW 94TH				T ADDRESS ST-ZIP							
TITLE	ALACHUA FL 32	515	☐ Delete	TITLE			_			☐ Change	Addition	
STREET ADDRESS		and the second of			T ADDRESS ST-ZIP							
CITY-ST-ZIP			☐ Delete	TITLE	51-214	-				☐ Change	☐ Addition	
NAME STREET ADDRESS	}			NAME	T ADDRESS							
CITY-ST-ZIP					ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP				STREE	T'ADDRESS ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS				•	T ADDRESS							
CITY-ST-ZIP	L				ST-ZIP	L						
indicated	Lon this report or sur	onlemental report is tru	e and accurate and that r	ny sianati	ire shall h	ave the sam	ne len	9.07(3)(i), Florida Statutes. lal effect as if made under Statutes; and that my nam	oath: that I ar	n an officer.	or director	

2402

Date

Daytime Phone #