

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108652

1. Entity Name

CRIBBS CONSTRUCTION COMPANY

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90033 023 \*\*\*150.00

Principal Place of Business

Mailing Address

436 ASHCROFT LANDING  
JACKSONVILLE FL 32225

436 ASHCROFT LANDING  
JACKSONVILLE FL 32225-3357

2. Principal Place of Business

9951 Atlantic Blvd

3. Mailing Address

9951 Atlantic Blvd

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

112

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

4. FEI Number

59-3484836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRIBBS, DAVID  
436 ASHCROFT LANDING  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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

David V. Cribbs President David V. Cribbs

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, 2000 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 PSTD  
NAME CRIBBS, TERESA C  
STREET ADDRESS 436 ASHCROFT LANDING  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE VD  
NAME CRIBBS, DAVID  
STREET ADDRESS 436 ASHCROFT LANDING  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME Cribbs David  
STREET ADDRESS 436 Ashcroft Landing Dr  
CITY-ST-ZIP Jacksonville, FL 32225 ☒ Change ☐ Addition

TITLE VSD  
NAME Cribbs Teresa C  
STREET ADDRESS 436 Ashcroft Landing Dr  
CITY-ST-ZIP Jacksonville, FL 32225 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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:

David V. Cribbs President David V. Cribbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/00

Daytime Phone #

CR2E034 (9/99)