

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 26, 2000 8:00 am  
Secretary of State  
04-26-2000 90135 044 \*\*\*150.00

DOCUMENT # P98000003309

Entity Name  
CR SERVICES, INC.

Principal Place of Business  
SUNSET VIEW CIRCLE  
DAYTONA BEACH FL 32703

Mailing Address  
4745 S. ATLANTIC AVE  
301  
PONCE INLET FL 32127-7134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1212 PEACHTREE RD  
Suite, Apt. #, etc.

3. Mailing Address  
1212 PEACHTREE RD  
Suite, Apt. #, etc.

City & State  
DAYTONA BEACH FL

City & State  
DAYTONA BEACH FL

Zip  
32114

Country  
USA

Zip  
32114

Country  
USA

4. FEI Number  
59-3487494

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
REPASKY, CHRISTINE A  
1545 SUNSET VIEW CIRCLE  
APOPKA FL 32703

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
1212 PEACHTREE RD  
City  
DAYTONA BEACH FL Zip Code  
32114

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REPASKY, CHRISTINE A		NAME	1212 PEACHTREE RD	
STREET ADDRESS	1545 SUNSET VIEW CIRCLE		STREET ADDRESS	DAYTONA BEACH FL 32114	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUBBS, MICHAEL L		NAME	1838 KILLARNEY DR	
STREET ADDRESS	1177 LOUISIANA AVENUE #207		STREET ADDRESS	WINTERPARK FL 32789	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REPASKY, PAULINE G		NAME	1222 SIESTA KEY CR	
STREET ADDRESS	4745 SOUTH ATLANTIC AVENUE #301		STREET ADDRESS	PORT ORANGE FL 32124	
CITY-ST-ZIP	PONCE INLET FL 32127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: CHRISTINE A. REPASKY 4/21/00 904/2544453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #