

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015140

1. Entity Name

AILEEN CRAPPS DESIGNS, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90073 011 \*\*\*150.00

Principal Place of Business

Mailing Address

212 N MARION STREET  
STE 201  
LAKE CITY FL 32055  
US

212 N MARION STREET  
STE 201  
LAKE CITY FL 32055  
US

004090



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4400 U.S. Hwy 90 W  
Suite, Apt. #, etc.

4400 U.S. Hwy 90 W.  
Suite, Apt. #, etc.

LAKE CITY  
City & State

LAKE CITY, FL  
City & State

4. FEI Number 59-3558878

Applied For  
Not Applicable

Zip 32055

Country USA

Zip 32055

Country USA

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

CRAPPS, AILEEN  
212 N MARION ST  
STE 201  
LAKE CITY FL 32055

Name CRAPPS, AILEEN

Street Address (P.O. Box Number is Not Acceptable)  
4400 U.S. Hwy 90 W.

City LAKE CITY, FL Zip Code 32055

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 Aileen A. Crapps  
Signature, typed or printed name of registered agent and fee applicable.

AILEEN A. CRAPPS  
(NOTE: Registered Agent signature required when reinstating)

1/5/01  
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, 2001 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
NAME	CRAPPS, AILEEN	
STREET ADDRESS	212 N MARION ST STE 201	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CRAPPS, AILEEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAPPS, AILEEN	
STREET ADDRESS	4400 U.S. Hwy 90 W.	
CITY-ST-ZIP	LAKE CITY, FL. 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Aileen A. Crapps AILEEN A. CRAPPS

Date 1/5/01 Daytime Phone # 904-755-5110

044839

CR2E034 (10/00)