

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90673 002 \*\*\*150.00

0004006 AV

**DOCUMENT # P98000015140**

1. Entity Name  
**AILEEN CRAPPS DESIGNS, INC.**

Principal Place of Business  
**4400 US HWY 90 W**  
**LAKE CITY FL 32055**  
**US**

Mailing Address  
**4400 US HWY 90 W**  
**LAKE CITY FL 32055**  
**US**



2. Principal Place of Business  
**2806 U.S. Hwy 90 WEST**  
 Suite, Apt. #, etc.  
**STE. 101**  
 City & State  
**LAKE CITY, FL**  
 Zip  
**32055** Country  
**U.S.A.**

3. Mailing Address  
**2806 U.S. Hwy 90 WEST**  
 Suite, Apt. #, etc.  
**STE. 101**  
 City & State  
**LAKE CITY, FL**  
 Zip  
**32055** Country  
**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3558878** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRAPPS, AILEEN**  
**4400 US HWY 90 W**  
**LAKE CITY FL 32055**

7. Name and Address of New Registered Agent  
 Name  
**AILEEN CRAPPS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2806 U.S. Hwy 90 WEST**  
**STE. 101**  
 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 \_\_\_\_\_ (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. ☐ **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAPPS, AILEEN</b> <b>4400 US HWY 90 W</b> <b>LAKE CITY FL 32055</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CRAPPS, AILEEN, PRES.</b> <b>2806 U.S. Hwy 90 WEST</b> <b>LAKE CITY, FL 32055</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>*ADDRESS CHANGE ONLY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Aileen A. Crapps **AILEEN A. CRAPPS** 4/5/02 386-755-5110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)