

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90215 007 \*\*\*158.75

**DOCUMENT # P98000044780**

1. Entity Name

**CRIBS 4 EVER, INC.**

Principal Place of Business

**8727 PHILLIPS HIGHWAY  
 SUITE 402  
 JACKSONVILLE FL 32256**

Mailing Address

**8727 PHILLIPS HIGHWAY  
 SUITE 402  
 JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3517197**

Applied For  
 Not Applicable

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

**CURTIS, C. WILLIAM III  
 1930 SAN MARCO BLVD  
 STE 202  
 JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2004 UNIVERSITY BLVD. WEST**

City

**JACKSONVILLE**

**FL**

Zip Code

**32207**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P</b>	<b>BRITTON, REBECCA F</b>	<b>12747 WILDERNESS LN E.</b>	<b>JACKSONVILLE FL 32258</b>	<input type="checkbox"/>
<b>VTS</b>	<b>FOWLER, KIMIKO F</b>	<b>12760 WILDERNESS LN E.</b>	<b>JACKSONVILLE FL 32258</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Kimiko F. Fowler* **KIMIKO F. FOWLER**

**03/24/01**

**904-636-6366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)