

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053883

1. Entity Name

THE CRABAPPLE TREE, INC.

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90073 022 ***150.00

Principal Place of Business

40 OCEAN BLVD.
ATLANTIC BEACH FL 32233-5260

Mailing Address

40 OCEAN BLVD.
ATLANTIC BEACH FL 32233-5260

00026129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 FIRST STREET
Suite, Apt. #, etc.

3. Mailing Address

200 FIRST STREET
Suite, Apt. #, etc.

City & State

NEPTUNE BEACH FL

City & State

NEPTUNE BEACH FL

4. FEI Number

59-2398755

Applied For

Not Applicable

Zip

Country

32266

FL

Zip

Country

32266

FL

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

LINGER, DAVID M
302 THIRD ST., STE. 5
NEPTUNE BEACH FL 32266

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

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)

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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.

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\$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
PST
HICKS, SHELBY
40 OCEAN BLVD
ATLANTIC BEACH FL

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)