

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90115 035 ***150.00

DOCUMENT # P99000021802

1. Entity Name

CRANE-PHILLIPS, P.A.

Principal Place of Business

**4215 MACDILL AVE. N.
TAMPA FL 33607**

Mailing Address

**4215 MACDILL AVE. N.
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARROW, JAMES ESQ
2825 PARK TOWER, 400 NORTH TAMPA-ST.
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

JAMES BARROW

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

1311 N. WESTSHORE BLVD S-205

City

TAMPA

FL

Zip Code

33607

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

**D
CRANE, RICHARD E MD
4215 MACDILL AVE. N.
TAMPA FL 33607**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**D
PHILLIPS, JAMES C MD
4215 MACDILL AVE. N.
TAMPA FL 33607**

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

813-879-6322

Daytime Phone #

CR2E034 (9/01)