

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90038 050 ***150.00

DOCUMENT # P99000058885

1. Entity Name
CRIBS-N-THINGS, INC.

Principal Place of Business

**411 W. DEARBORN ST.
 ENGLEWOOD FL 34223**

Mailing Address

**411 W. DEARBORN ST.
 ENGLEWOOD FL 34223**

2. Principal Place of Business

**1209 Buena Vista Cir
 Suite, Apt. #, etc.**

3. Mailing Address

**21440 Brooks Ave.
 Suite, Apt. #, etc.**

City & State

Pt. Charlotte, FL

City & State

Pt. Charlotte, FL

Zip

33453

Country

USA

Zip

33454

Country

USA

4. FEI Number

65-0928615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CRIMAUDO, JANET
 411 W. DEARBORN ST.
 ENGLEWOOD FL 34223**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **CRIMAUDO, JANET**
 STREET ADDRESS **411 W. DEARBORN ST.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **21440 Brooks Ave.**
 CITY-ST-ZIP **Pt. Charlotte, FL 33454**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Janet Crimauco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02
 Date

941-7739110
 Daytime Phone #

CR2E034 (9/01)