2000 UNIFORM BUSINESS REPORT (UBR)

DOCUN 1. Entity Name	MENT# PARKETA	1.84/1	, 1	s						
CROWE CONSTRUCTION, INC						FILED				
Principal Place of Business Mailing Address						AMENDEDO1 APR -4 PM 4: 11				
151 Lookout Place Ste. 200 Maitland, FL 32751		2105 Beacon Hill Ct. Casselberry, FL 32707			,	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	ace of Business	3. Mailing Address								
,		,								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			ŧ	FEI Number 59-3590970			pplied For at Applicable	
Zip	Country Zip		Coun	try	5. Certificate of Status Desir		4 1 '	8.75 Add	5	
6. Name and Address of Current Registered Agent					Name and Address of New Registered Agent Name					
Crowe, Jerry E 2105 Beacon Hill Ct. Casselberry, FL 32707				Street Address (P.O. Box Number is Not Acceptable)						
	-,			City		FL Zip Code			е	
8. The above named entity submits this statement for the purpose of changing its registered or					egistered a	gent, or both, in the State of Flo	orida.	1.		
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NC	OTE: Registere	d Agent signature	required when	revistating)	DATE			
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOV After MAY 1, 2 Make Check Pay:	2000 Fee	Company of the Compan	0.00	10. Election Campaign Fir Trust Fund Contribution	• —		0 May Be d to Fees	
11.	OFFICERS AND		12.			ADDITIONS/CHANGES TO OFF		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Presid Crowe, Jerry E 2105 Beacon Hill	Ct	8	EET ADDRESS	Roe, 151]	surer Timothy Lookout Place, land, FL 32751	Ste 2		₹ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Casselberry, FL Vice President Corcoran, Kevin 151 Lookout Plac	P Delete	- 1	E		~* = 11 11 1 1 1 1 1 1 1		Change	□ Addition -012 *F1 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maitland, FL 327 Treasurer Edwards, Glen 151 Lookout Plac	51 □x Delete	4		-		. 12 Em	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maitland, FL 327	51 Delete	3					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	3	1		, to (b)		☐ Change	Addition	
indicated of the cor	certify that the information supplied wit I on this report or supplemental report i poration or the receiver or trustee emp , or on an attachment with an address	s true and accurate and the lowered to execute this rep	at my signa ort as requ ed.	ature shall ha iired by Chap	ive the sam oter 607, Fl	ne legal effect as if made under	roath; that I a	m an office	r or director	
SIGNAT	URE: JAME AND CYPED OR	PRINTED NAME OF SIGNING OFFIC		CTOR	ىغلىد	9-26-0 ₀	40	7 – 9 7 5 aytime Phone #	-1274	