

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071442

1. Entity Name

C & M CONSTRUCTORS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90121 006 ***150.00

Principal Place of Business

Mailing Address

11457 VERA DR.
JACKSONVILLE FL 32218

11457 VERA DR.
JACKSONVILLE FL 32218-4063

2. Principal Place of Business

3. Mailing Address

11457 Vera Drive
Suite, Apt. #, etc.

P.O. Box 18653
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Jacksonville Florida

Jacksonville Florida

4. FEI Number

59-3604798

Applied For

Not Applicable

Zip

Country

Zip

Country

32218

USA

32229

USA

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

CREWS, KIMBERLY R
11457 VERA DR.
JACKSONVILLE FL 32218

Name

Same

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 Same

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, 2000 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 ☐ Delete

NAME President
James Curtis Crews Jr.
STREET ADDRESS 11457 Vera Drive
CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME Vice-President
William Murray
STREET ADDRESS 565 Coretta Ln.
CITY-ST-ZIP Yulee, FL 32097

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME Secretary/owner
Kimberly R. Crews
STREET ADDRESS 11457 Vera Dr.
CITY-ST-ZIP Jacksonville, Florida 32218

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME Treasurer/owner
Susan L. Murray
STREET ADDRESS 565 Coretta Ln.
CITY-ST-ZIP Yulee, FL 32097

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Kimberly R. Crews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

(904) 696-0015

Date

Daytime Phone #