

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90001 017 \*\*\*150.00

103934

DOCUMENT # P99000093810

1. Entity Name

**JAMES K. CRISSMAN CO., INC.**

Principal Place of Business	Mailing Address
✓	

2. Principal Place of Business <b>1146 LINKSIDE COURT, E.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1146 LINKSIDE COURT, E.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>ATLANTIC BEACH, FL</b>	City & State <b>ATLANTIC BEACH, FL</b>	4. FEI Number <b>59-3605522</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32223</b>	Country <b>DUVAL</b>	Zip <b>32223</b>	Country <b>DUVAL</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**JAMES K. CRISSMAN, JR**  
**1146 LINKSIDE COURT, E.**  
**ATLANTIC BEACH, FL 32223**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAMES K. CRISSMAN, JR</b>		NAME	
STREET ADDRESS <b>1146 LINKSIDE COURT, E.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ATLANTIC BEACH, FL 32223</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELINDA HULIN</b>		NAME	
STREET ADDRESS <b>1146 LINKSIDE COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ATLANTIC BEACH, FL 32223</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: James K. Crissman Jr. **JAMES K. CRISSMAN JR.** 4/29/2000 241-5534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #