

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90040 028 \*\*\*150.00

DOCUMENT # P99000094661

1. Entity Name

CRUST & CRUMB, INC.

Principal Place of Business

Mailing Address

4150 MENENDEZ DR.  
PENSACOLA FL 32503

4150 MENENDEZ DR.  
PENSACOLA FL 32503

000444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4350 Bayou Blvd, Suite 6  
Suite, Apt. #, etc.

3. Mailing Address

← Same  
Suite, Apt. #, etc.

City & State

City & State

32503

4. FEI Number 59-3608736

Applied For  
Not Applicable

Zip 32503

Country USA

Zip

Country

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

ANDRESS, CINDY K  
4150 MENENDEZ DR.  
PENSACOLA FL 32503

→ if I can't use the  
business address on  
right, this current  
home address is acceptable.

Name Andress, Cindy K.

Street Address (P.O. Box Number is Not Acceptable)  
4350 Bayou Blvd, Suite 6

City Pensacola

FL

Zip Code 32503

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 Cindy Andress

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/01  
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, 2001 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 STREET ADDRESS CITY-ST-ZIP	D ANDRESS, CINDY K 4150 MENENDEZ DR. PENSACOLA FL 32503	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cindy Andress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Andress

3/23/01 (850) 202-6000  
Daytime Phone #

CR2E034 (10/00)