

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P990000096241**

1. Entity Name

CREWERCS, INC.**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90087 007 ***158.75

Principal Place of Business

Mailing Address

150-A WHITAKER ROAD
FL 33549-7611**150-A WHITAKER ROAD**
LUTZ FL 33549-7611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5364 EHRlich ROAD**# 374****TAMPA FL****33624****USA**

4. FEI Number

59 3612005

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

7. Name and Address of New Registered Agent

CONE, THOMAS E JR
150-A WHITAKER ROAD
LUTZ FL 33549-7611

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

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 State10. 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	<input type="checkbox"/> Delete
	D			
	ZINK, BILL			
	16615 WILLOW GLEN DR.			
	ODESSA FL 33556			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D	ZINK, BILLY R	16615 Willow Glen DR.	ODESSA FL 33556	<input checked="" type="checkbox"/>	
V/D	CROY, DAVID J	3292 ENTERPRISE ROAD #406	CLEARWATER FL 33759		<input checked="" type="checkbox"/>
VISIT/D	KUNZMAN, JAMES D	4226 SALTWATER BLVD	TAMPA FL 33615		<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 2000 **813-889-9323**

Date

Daytime Phone #

CR2E034 (9/99)