

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000097417

1. Entity Name

CRISIS BOOT CAMP, INC.

R

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90193 036 ***150.00

Principal Place of Business

1600 W. EAU GALLIE BLVD., #203
FL 32535

Mailing Address

1600 W. EAU GALLIE BLVD., #203
MELBOURNE FL 32935-4149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

517A HARBOR CITY BLVD

City & State
MELBOURNE, FL

Zip
32935

Country

BREVARD

Suite, Apt. #, etc.

517A HARBOR CITY BLVD

City & State
MELBOURNE, FL

Zip
32935

Country

BREVARD

4. FEI Number

59-3606897

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

Name

Street Address (P.O. Box Number is Not Acceptable)

517A HARBOR CITY BLVD

City
MELBOURNE

FL

Zip Code
32935

MCWILLIAMS, MICHAEL E

1600 W. EAU GALLIE BLVD., #203

MELBOURNE FL 32535

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/SECRETARY
MICHAEL E. MCWILLIAMS
281 NAYLOR ST. NE
PALM BAY, FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

4/20/00 321-253-9000

Date

Daytime Phone

CR2E034 (9/99)