

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90121 025 ***150.00

DOCUMENT # P99000103123

1. Entity Name
CRAZY WOMAN HOLDINGS, INC.

Principal Place of Business

**1050 RIVERSIDE AVENUE
 POST OFFICE BOX 4550
 JACKSONVILLE FL 32201**

Mailing Address

**1050 RIVERSIDE AVENUE
 POST OFFICE BOX 4550
 JACKSONVILLE FL 32201**

2. Principal Place of Business
701 Fisk Street

3. Mailing Address
701 Fisk Street

Suite, Apt. #, etc.
Suite 110

Suite, Apt. #, etc.
Suite 110

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32204 USA

Zip Country
32204 USA

4. FEI Number **65-0966590**

Applied For
 Not Applicable

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

**YONG, FRANK J
 1050 RIVERSIDE AVENUE
 JACKSONVILLE FL 32201**

Name
 Street Address (P.O. Box Number is Not Acceptable)
701 Fisk Street
Suite 110
 City **Jacksonville** **FL** Zip Code **32204**

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, 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 ☐ Delete
DPST KNIGHT, D V
 STREET ADDRESS **4889 N US 1**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *D. Victor Knight*, president
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01 561 562-4155
 Date Daytime Phone #

CR2E034 (10/00)