

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105995

1. Entity Name

C.F.B., INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90087 014 ***158.75

Principal Place of Business

Mailing Address

2002 CRAWFORD AVE.
NAPLES FL 34117

2002 CRAWFORD AVE.
NAPLES FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612686

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

CRAWFORD, SHANNON M.H.
2002 CRAWFORD AVE.
NAPLES FL 34117

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

(Typed or printed name of registered agent signature re-

en reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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 NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, SHANNON M.H. 2002 CRAWFORD AVE. NAPLES FL 34117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, RANDALL C 2002 CRAWFORD AVE. NAPLES FL 34117	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information indicated on this report or statement of the corporation or the person who changed, or on this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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; and that my name appears in Block 11 or Block 12 if I am an officer or director; and that my name appears in Block 11 or Block 12 if I am an officer or director like empowered.

SIGNATURE

[Handwritten Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON R. CRAWFORD

Date

Daytime Phone #

3.19.00 941-353-9229

CR2E034 (9/99)