

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90367 035 ***150.00

DOCUMENT # S44122

1. Entity Name

D.L. CROOKS, INC.

Principal Place of Business

~~1714 CAPE CORAL PARKWAY~~
~~CAPE CORAL FL 33910~~
527 SE 35th ST
CAPE CORAL, FL 33904

Mailing Address

~~1714 CAPE CORAL PARKWAY~~
~~CAPE CORAL FL 33910~~

2. Principal Place of Business

REAL ESTATE

3. Mailing Address

11 DEER RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BETHEL CT

Zip

Country

Zip

Country

66801

4. FEI Number

65-0258127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ROOSA, RICHARD V.S.~~ **LINDA CROOKS**
~~1714 CAPE CORAL PARKWAY~~ **527 SE 35th Terr.**
~~CAPE CORAL FL 33910~~ **Cape Coral, FL 33904**

7. Name and Address of New Registered Agent

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 file 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	CROOKS, LINDA	
STREET ADDRESS	11 DEER RUN	
CITY - ST - ZIP	BETHEL CT 06801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCUVERTY, DEBBIE	
STREET ADDRESS	18 PENN STREET	
CITY - ST - ZIP	FISHKILL NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROOKS, LEONARD	
STREET ADDRESS	8 ALMANGO AVE.	
CITY - ST - ZIP	NEW FAIRFIELD CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Linda A. Crooks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
 Date

203-205-6634
 Daytime Phone #

CR2E034 (9/01)