

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90004 043 ***550.00

DOCUMENT #585698
1. Entity Name CRANDALL Construction Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
808 South Beach St
Suite, Apt. #, etc.

3. Mailing Address
808 South Beach St
Suite, Apt. #, etc.

City & State
Ormond Beach FL

City & State
Ormond Beach FL

4. FEI Number
59-3101203

Applied For
Not Applicable

Zip
32174

Country
USA

Zip
32174

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOE E. CRANDALL

Street Address (P.O. Box Number is Not Acceptable)
808 South Beach St

City
Ormond Beach

FL

Zip Code
32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed name, title of registered agent and title if applicable

JOE E. CRANDALL Retained/No Change 8-2-05
(NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JOE E. CRANDALL
808 South Beach St
Ormond Beach, FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE President
DAWN M. CRANDALL
808 South Beach St
Ormond Beach FL 32174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
No others

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or on an attachment with an address, with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-05 386 676-5424

Date Daytime Phone #

CR2E034B (12/02)