

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40039

1. Entity Name  
CRISPERS, INC.

Principal Place of Business  
3615 S. FLORIDA AVE.  
STE-1350  
LAKELAND FL 33803  
US

Mailing Address  
3615 S. FLORIDA AVE.  
SUITE 1350  
LAKELAND FL 33803  
US

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 59-3124621

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

WHITAKER, WILLIAM J.  
5023 E. FAIRFAX DR. 3615 S. FLORIDA AVENUE  
LAKELAND FL 33813 SUITE 1350  
33803

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.

(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  
STREET ADDRESS  
CITY-ST-ZIP  
DPSR  
WHITAKER, WILLIAM J.  
5023 E. FAIRFAX DR. 3615 S. FLA AVE SUITE 1350  
LAKELAND FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ADDRESS

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WHITAKER, VANESSA  
5023 EAST FAIRFAX DRIVE 3615 S. FLA AVE  
LAKELAND FL 33813 SUITE 1350

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ADDRESS / TITLE

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHATZER, WARREN  
3615 SO. FLORIDA AVE., SUITE 1350  
LAKELAND FL 33803

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
MICHAEL CALHOON  
3615 S. FLA AVE SUITE 1350

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC, TREASURER  
MICHAEL CALHOON  
3615 S. FLA AVE SUITE 1350  
LAKELAND, FL 33803

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASST SECY  
CLIFFORD WILEY  
3615 S. FLA AVE SUITE 1350  
LAKELAND, FL 33803

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: MCR Calhoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.8.01 (863) 646 2102

Date

Daytime Phone #

CR2E034 (10/00)

0377936