

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

0112829

**DOCUMENT # P00000033083**

1. Entity Name

**CREW RESOURCE MANAGEMENT, INC.**

04-07-2001 90028 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1740 NW 105TH AVENUE  
 PEMBROKE PINES FL 33026

1740 NW 105TH AVENUE  
 PEMBROKE PINES FL 33026

**00032646**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0995306**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HODGERS, BENJAMIN**  
**1740 NW 105TH AVENUE**  
**PEMBROKE PINES FL 33026**

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 \_\_\_\_\_ (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: PD  
 NAME: HODGERS, BENJAMIN  
 STREET ADDRESS: 1740 NW 105TH AVENUE  
 CITY-ST-ZIP: PEMBROKE PINES FL 33026  Delete

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

TITLE: STD  
 NAME: HODGERS, GERRY  
 STREET ADDRESS: 1740 NW 105TH AVENUE  
 CITY-ST-ZIP: PEMBROKE PINES FL 33026  Delete

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

TITLE:  Delete

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TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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)(l), 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: Benjamin Hodgers  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01  
 Date

954-471-2121  
 Daytime Phone #

CR2E034 (10/00)