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Date

Daytime Phone #

2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF S

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P00000028758 **DOCUMENT #** 1. Entity Name THE CROSBY GROUP, INC. 04-10-2002 90023 026 ***150.00 Principal Place of Business Mailing Address 8450 HEATHER PL 8450 HEATHER PL 80004014 **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0999251 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROSBY, BUD Street Address (P.O. Box Number is Not Acceptable) 8450 HEATHER PL **BOYNTON BEACH FL 33437** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PSTD TITLE ☐ Delete TITLE Change Addition CR2E034 (9/01) CROSBY, BUD NAME NAME 2450 HEATHER PL STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE VSD TITLE ☐ Change ☐ Addition NAME CROSBY, BUD NAME 8450 HEATHER PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if