2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90050 032 ***150.00

DOCUMENT # P93000079155

1. Entity Name
CROWN CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
TAMIAMI TRAIL N #100 FL 34103	3590 TAMIAMI TRAIL N #100 NAPLES FL 34103-3790

DO NOT WRITE IN THIS SPACE

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 65-0450710 ☐ 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
CASTANO, H. JAVIER 6017 PINE RIDGE RD #235 NAPLES FL 34119	Name Castano H. Javier Street Address (P.O. Box Number is Not Acceptable) 8235 Wilshire Lakes Blvd. City Naples FL Zip Code 34109

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, 2000 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	P CASTANO, H. JAVIER 610 31ST STREET SW NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANO, H. JAVIER 8236 Wilshire Lakes Blvd. Naples, Fl.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTANO, SHERRY L 610 31ST STREET SW NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTANO, SHERRY L. 8236 Wilshire Lakes Blvd. NAPLES, FL.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: ______________________ 2/11/00 262-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #