FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 21, 2002 8:00 am Secretary of State P99000035234 DOCUMENT # 1. Entity Name 08-21-2002 90087 038 ***150.00 CRESCENT CAPITAL ADVISORS GROUP, INC. Principal Place of Business Mailing Address **6701 FIRESTONE PLACE 6701 FIRESTONE PLACE** 976051 **BRADENTON FL 34202 BRADENTON FL 34202** 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 65-0912012 Not Applicable 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 REEVES, KEITH W Street Address (P.O. Box Number is Not Acceptable) **6701 FIRESTONE PLACE BRADENTON FL 34202** 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. I am familiar with, and accept 14ETHW. Phonops SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition REEVES, KEITH NAME NAME 6480 ROCKSIDE WOODS BLVD., S. STE, 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEVELAND OH 44131 CITY-ST-ZIP D 🕽 Delete TITLE ☐ Change ☐ Addition NAME MYER, DALE NAME **6701 FIRESTONE PLACE** STREET ADDRESS STREET ADDRESS CITY ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME REEVES, KEITH W STREET ADDRESS **6701 FIRESTONE PLACE** STREET ADDRESS CITY-ST-7IE **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete TITLE Change Addition TOWNSEND, WILLIAM R NAME 23200 LAKE ROAD APT 53 STREET ADDRESS STREET ADDRESS BAY VILLAGE OH 44140 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E/19/02

941-907-845

Daytime Phone #

Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation.

110	(KE NEVER)	TUE SERVICE									
For	or calendar year 2001, or tax year beginning , and ending						ina				
A Effective date of election				Name					Fmnl	oyer identification number	
as an S corporation			Use								
04/16/1999			IRS label.	CRESCENT CAPITAL ADVISORS GROUP, INC.					65-0912012		
BE	Business	s code no.	Other-	Number, street, and room or suite no. (If a P.O. box, see page 11 of the instructions.)					D Date incorporated		
(see pages 29-31)			WISE, 16701 PTRRSTONE DIACE					ľ	04/16/1999		
			print or type.								
	5.	41600	ot type.					١	: ! Otal	assets (see page 11)	
F									<u> </u>	425.	
						l Name change	(4) L Addr	ess ch	ange	(5) Amended return	
<u>-</u>	Cautio	uniber of sharen	oluers in ii	he corporation at end of the tax	year		•				
_	Cauue	Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more 1 a Gross receipts or sales 8336 • b Less returns and allowances 6 Bal							infor		
Deductions (See instructions for limitations)				8336.bL	ess returns and allowan	>86	C Ba	•	10	8336.	
	2	Cost of goods	sold (Sche	edule A, line 8)			***************************************		2		
	3	GLOSS BLOUE SE	UUU ACU IIM	8 2 from line 1¢					3	8336.	
	4	Net gain (loss)	from Form	1 4/9/, Part II, line 18 (attach	Form 4797)			•	4		
	5	Other income (ioss) (atta	ach schedule)					5		
	6	Total income (ioss). Con	nbine lines 3 through 5	-4			•	6	8336.	
	7	Compensation	of officers						7		
	8	Compensation of officers Salaries and wages (less employment credits)					***************************************		8		
	9	Repairs and maintenance						9			
	10	Bad debts								· · · · · · · · · · · · · · · · · · ·	
	11	Rents		**		***************************************		· · · · · · · · · · · · · · · · · · ·	11		
	12	Rents Taxes and licenses									
	13	Interest			••••••••••				12		
	14 a	Depreciation //	mousimed	Lottoch Form 4500)			•••••••		13		
	b	Depreciation of	requireu. Simod on C	, attach Form 4562)							
	٥			Schedule A and elsewhere on re			 ,-,,				
	15	Subtract line 14					*******************		14c		
	í	Depiction (Do not deduct oil and gas depletion.)							15		
	16	Advertising							16		
	17	Pension, profit-sharing, etc., plans							17		
	18	Etriployee denerit programs							18		
	19	Other deduction	Uther deductions (attach schedule) STATEMENT 1						19	64739.	
	20	Total deductions. Add the amounts shown in the far right column for lines 7 through 19						•	20	64739.	
	21	Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6						1	21	-56403.	
Tax and Payments	22	Tax: a Excess	net passiv	re income tax (attach schedu	le)	22a			類隔		
	b	Tax from Sched	luie D (Foi	rm 1120S)		22b			19.00		
	C	Add lines 22a ar	nd 22b .						22c		
	23	Payments: a	2001 estima	ated tax payments and amount applic	ed from 2000 return	23a			MADE WAS		
	. b	.Tax deposited v	vith Form 7	7004		201			经营		
				on fuels (attach Form 4136)		230	<u> </u>		State of State		
	d	Add lines 23a th	rough 23				****	—	994		
	24		-	******************************	•••••		F	<u>}</u>	23d		
	25	Estimated tax penalty. Check if Form 2220 is attached Tax due. If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See						⊸	24		
		Implementations for the control of t									
	26			is larger than the total of lines	00			🏲	25		
	27	Enter amount of	lino 26 vo	ou want: Credited to 2002 estin	22c and 24, enter an	nount overpaid		🏲	26		
		or penalties of neral	ry i declara	that I have examined this make include	nated tax		Refunded		27		
Sig	belie	of, it is true, correct,	and exmole	te. Declaration of preparer (other than	uuing accompanying ac 1 taxpayer) is based on a	nedules and statements Ill information of which	s, and to the best of m preparer has any know	ny know wiedge.	tedge ar	nd	
Hei		Index penalties of parlury, I declare that I have examined this return, including accompanying schedules and statements, and to the besidef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any								this return with the	
161										preparer shown below (see instr.)?	
	_լ՝	Signature of offi	cer		Date	Title				Yes No	
						Data	Check #			Property	
Paid		Preparer's signature			Date Check if self-					Preparer's SSN or PTIN	
	parer	· e	-		employed						
	Only	yours if self-	(or				T.	CINI			
	- -y	address, and					[1	EIN			
		ZIP code					ħ	Phone r	10.	<u> </u>	
DATA	Fan	D	41								

Attachment 9/1605/ # P99000035234

To Division of Corporations, State of Florida,

Attached please find the 2002 form UBR for the named corporation. I am forwarding this return within 1 week of receiving the preprinted forms. I never received the forms that would have allowed me to file on time and therefore request you accept the \$150 filing fee for 2002. this is an S-Corp with no taxable income(see attached federal return) and I am now completing all filings and ask that no late penalties be assessed due to my good record of filing and the lack of receiving the preprinted forms as in previous years. Please do not cash the attached payment if this is not acceptable in as much as I will then have to consider letting the Florida charter lapse due to costs. Thank you in advance for your cooperation.

Respectfully Submitted

Keith Reeves (941-907-8495)