

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0064222 AV

**DOCUMENT # 176707**

1. Entity Name

**THE CROM CORPORATION**

04-11-2002 90774 001 \*\*\*150.00  
 04-11-2002 90774 002 \*\*\*\*\*8.75

Principal Place of Business  
**250 S.W. 36 TERRACE**  
**GAINESVILLE FL 32607**

Mailing Address  
**250 S.W. 36 TERRACE**  
**GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0702495</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>NEFF, JAMES A.</b> <b>250 S.W. 36TH TERRACE</b> <b>GAINESVILLE FL 32607</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD</b> <b>BALCK, LARS, JR.</b> <b>9 CEDAR CHINE</b> <b>ASHEVILLE NC 28880</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMPSON, BRUCE R.</b> <b>1220 N.W. 112TH TERRACE</b> <b>GAINESVILLE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BICE, RICHARD L</b> <b>9207 SW 21ST AVENUE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT</b> <b>NEFF, JAMES A.</b> <b>5447 NW 46TH TERRACE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PAVLIC, STEPHEN W.</b> <b>10827 N.W. 15TH PLACE</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>219 N.W. 117th Way</b> <b>32607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD</b> <b>PUDER, H. E.</b> <b>1121 N.W. 36TH STREET</b> <b>GAINESVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Stephen W. Pavlik**

04-01-02 352-372-3436  
 Date Daytime Phone #

CR2E034 (9/01)

The Crom Corporation  
Federal ID #59-0702495

attach # 76707

Name & Office Address

OFFICERS & DIRECTORS

President	Stephen W. Pavlik, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Senior Vice President	H.E. Puder, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Senior Vice President & Secretary/Treasurer	James A. Neff, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Senior Vice President	Lars Balck, Jr. 9 Cedar Chine, Asheville, NC 28803
Vice President	Richard L. Bice, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Vice President	James D. Copley, Jr., 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Vice President	Samuel O. Sawyer, III, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Vice President	Gerald C. Bevis, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Asst. Secretary	Jeffery D. Malpass, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607
Asst. Secretary	Joseph C Swann, 250 SW 36 <sup>th</sup> terrace, Gainesville, FL 32607