## 2002 Uniform Business Report (UBR)

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changed, or on an

SIGNATUR

e receiver or truste

## Mar 13, 2002 8:00 am § DOCUMENT # 248088 **Secretary of State** 1. Entity Name 03-13-2002 90043 005 \*\*\*150.00 CREST PRODUCTS, INC. Principal Place of Business Mailing Address 430 RACETRACK RD. P.O. BOX 1739 OLDSMAR FL 34677-4711 OLDSMAR FL 34677-4711 ШS 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 59-0934712 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 SOROTA, JOSEPH J JR Street Address (P.O. Box Number is Not Acceptable) 28100 US HWY 19 NORTH SUITE 504 **CLEARWATER FL 33761-2686** 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) 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 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE **PSTD** ☐ Delete ☐ Addition TITLE ☐ Change NAME PARKER, WILLIAM L NAME CR2E034 STREET ADDRESS 1709 FAULDS RD STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34616** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ٤, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP formation supplied with this filling does not exallify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 a receiver or trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the indicated on this report

**FILED** 

=7/02

Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

CREST F	JMENT # 24808 PRODUCTS, INC.					;	,
Principal Place of Business 430 RACETRACK RD. OLDSMAR FL 34677-4711 US 2. Principal Place of Business		Mailing Address P.O. BOX 1739 OLDSMAR FL 34677-4711 US  3. Mailing Address		· ·	41345		
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	N THIS SPACE	
City & State		City & State		4. FEi Nu	4. FEI Number 59-0934712 Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	□ \$8.75 A	dditional
	6. Name and Address of Current	Registered Agent	Name	7. Name a	and Address of New Regis		
28100 US SUITE 50			Street Add	ress (P.O. Box Nui	nber is Not Acceptable)		
CLEARWATER FL 33761-2686			City			FL Zip Co	de
SIGNATURE	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTE: /	Registered Agent signature re	equired when reinstating)		DATE	
9. This corporate filling (See crite	Signature, typed or printed name of registered agent in oration is eligible to satisfy its Intangible requirement and elects to do so, tria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable	FEE IS \$150.00 2 Fee will be \$550. 2 to Department of	00. 10. State	Election Campaign Financia	ng \$5.0	OO May Be d to Fees
9. This corporate Tax filing	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable	FEE IS \$150.00 2 Fee will be \$550.	00. 10. State		ng \$5.0	d to Fees
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent in cration is eligible to satisfy its Intangible requirement and elects to do so, infa on back)  OFFICERS AND INTERPRETATION OFFICERS AND INTERPRETATION OFFICERS AND INTERPRETATION OFFICERS AND INTERPRETATION OF SAULDS RD	FILE NOW!!! After May 1, 2002 Make Check Payable	FEE IS \$150.00 2 Fee will be \$550. 2 to Department of 12.  TITLE NAME STREET ADDRESS	00. 10. State	Trust Fund Contribution.	ng \$5.0 Adde	d to Fees
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent in oration is eligible to satisfy its Intangible requirement and elects to do solution on back)  OFFICERS AND INTERPRETATION OFFICERS AND INTERPRETATION OFFICERS AND INTERPRETATION OF SAULDS RD CLEARWATER FL 34616	After May 1, 2002 Make Check Payable DIRECTORS	FEE IS \$150.00 2 Fee will be \$550. 2 to Department of 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	00. 10. State	Trust Fund Contribution.	ng \$5.0 Adde	d to Fees RS IN 11 Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR