

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90641 001 ***750.00

DOCUMENT # **257324**

1. Entity Name

CROWN MANAGEMENT SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 N. GUILLEMARD ST.

3. Mailing Address

1501 N. GUILLEMARD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-0967475

Applied For

Not Applicable

Zip

32501

Country

US

Zip

32501-2741

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GEORGE A. BELLEAU

Street Address (P.O. Box Number is Not Acceptable)

1501 N. GUILLEMARD ST.

City

PENSACOLA,

FL

Zip Code

32501

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME BELLEAU, GEORGE A.
STREET ADDRESS 204 LAURA LANE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE STD
NAME BELLEAU, ANN F.
STREET ADDRESS 204 LAURA LANE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE V
NAME HAFERKAMP, DONALD L.
STREET ADDRESS 2120 E. MALLORY ST.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE S
NAME HAFERKAMP, KELLI B.
STREET ADDRESS 2120 E. MALLORY ST.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE T
NAME KRAUSE, BRENDA F.
STREET ADDRESS 6100A HAPPY HOLLOW DRIVE
CITY-ST-ZIP MILTON, FL 32570

TITLE V
NAME SMYTHE, W. KELLY
STREET ADDRESS 9335 WOODRUN RD.
CITY-ST-ZIP PENSACOLA, FL 32514

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

850 464 9909

Daytime Phone #

CR2E034B (12/01)