

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90178 020 \*\*\*150.00

**DOCUMENT # 319123**

1. Entity Name

**CROWN PRINTING CO**

Principal Place of Business

**1741 GARY ROAD  
 LAKELAND FL 33801**

Mailing Address

**1741 GARY ROAD  
 LAKELAND FL 33801**

2. Principal Place of Business

**1303 E. Main Street**

Suite, Apt. #, etc.

3. Mailing Address

**1303 E. Main Street**

Suite, Apt. #, etc.

City & State

**Lakeland, FL**

City & State

**Lakeland, FL**

Zip

**33801**

Country

Zip

**33801**

Country

4. FEI Number

**05-9120660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NASER, JOHN A.**

**1401 S. FLORIDA AVE., SUITE 201  
 LAKELAND FL 33802**

7. Name and Address of New Registered Agent

Name

**Daniel Medina, P.A.**

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

**107 Morningside Drive, Ste. A**

City

**Lakeland**

**FL**

Zip Code

**33803**

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 **Daniel Medina, P.A.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**President 3/27/02**

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, 2002 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

TITLE NAME	<b>PD RUST, MARK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1741 GARY RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE NAME	<b>VPD RUST, EDITH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1741 GARY RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>P.T.D. Rust, Edith</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1303 E. Main Street</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33801</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<b>VP.S.D. Rust, Edith</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1303 E. Main Street</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Edith Rust**  
 Edith Rust

**3-27-02**

**863 682-4881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)