

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90281 035 \*\*\*150.00

**DOCUMENT # 388593**

1. Entity Name  
**CRESTFIELD TRADING COMPANY, INC.**

Principal Place of Business

~~RR 3 BOX 428  
PERRY FL 32347~~

Mailing Address

~~RR 3 BOX 428  
PERRY FL 32347~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

**5634 SAILFISH DR**

Suite, Apt. #, etc.  
**% PATRICIA WEISS**

City & State  
**LUTZ FLORIDA**

Zip  
**33549**

Country  
**USA**

3. Mailing Address

**5634 SAILFISH DR.**

Suite, Apt. #, etc.  
**% PATRICIA WEISS**

City & State  
**LUTZ, FLORIDA**

Zip  
**33549**

Country  
**USA**

4. FEI Number **16-0998566**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DOLES, DONNA  
LEVY ROAD 220, RT. 3  
CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURGER, GEORGE</b>	
STREET ADDRESS	<b>RURAL ROUTE 3, BOX 428</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PATTI, RUSSELL J.</b>	
STREET ADDRESS	<b>692 PERSONS ST.</b>	
CITY-ST-ZIP	<b>EAST AURORA NY 14052</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD DEBALA</b>	
STREET ADDRESS	<b>7701 S. GATOR CREEK BLVD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL. 34241</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PAUL POOLE</b>	
STREET ADDRESS	<b>55689 STILLWELL RD.</b>	
CITY-ST-ZIP	<b>HAMBURG, N.Y 14075</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THEO SOLOMON</b>	
STREET ADDRESS	<b>350 W. HIGH TER</b>	
CITY-ST-ZIP	<b>ROCHESTER, N.Y 14619</b>	
TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIA WEISS</b>	
STREET ADDRESS	<b>5634 SAILFISH DR</b>	
CITY-ST-ZIP	<b>LUTZ, FL. 33549</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Patricia Weiss* *April 10, 2001*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

813-885-1744  
X 206

CR2E034 (10/00)