

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91645 017 \*\*\*158.75

**DOCUMENT # 388593**

1. Entity Name

**CRESTFIELD TRADING COMPANY, INC.**

Principal Place of Business

5634 SAILFISH DR  
 C/O PATRICIA WEISS  
 LUTZ FL 33549

Mailing Address

5634 SAILFISH DR  
 C/O PATRICIA WEISS  
 LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
 33558

Country

Zip  
 33558

Country

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

Moore, Steven W.

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

8200 Bryan Dairy Rd

Suite 300

City

Largo

FL

Zip Code

33177

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)

STEVEN W. MOORE

6/18/02

DATE

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 ☐ Delete  
 P DEBALA, LEONARD  
 STREET ADDRESS 7701 S GATOR CREEK RD  
 CITY-ST-ZIP SARASOTA FL 34241

TITLE NAME ☐ Delete  
 TS POOLE, PAUL  
 STREET ADDRESS 55689 STILWELL RD  
 CITY-ST-ZIP HAMBURG NY 14075

TITLE NAME ☐ Delete  
 S SOLOMON, THEO  
 STREET ADDRESS 250 W HIGH TERR  
 CITY-ST-ZIP ROCHESTER NY 14619

TITLE NAME ☐ Delete  
 T WEISS, PATRICIA  
 STREET ADDRESS 5634 SAILFISH DR  
 CITY-ST-ZIP LUTZ FL 33549 33558

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
 Vice President  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP 33558

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA WEISS

4/20/02

Date

Daytime Phone #

CR2E034 (9/01)