

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90180 049 ***150.00

DOCUMENT # 388593

1. Entity Name

CRESTFIELD TRADING COMPANY, INC.



Principal Place of Business

5634 SAILFISH DR

C/O PATRICIA WEISS

LUTZ FL 33549-33558

Mailing Address

5634 SAILFISH DR

C/O PATRICIA WEISS

LUTZ FL 33549-33558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-0998566**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MOORE, STEVEN W
8200 BRYAN DAIRY RD
300
LARGO FL 33777

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone

March 5, 2003 813 885-7744

CR2E034 (10/02)