

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90040 026 ***150.00

DOCUMENT # 392592

1. Entity Name
CROMER PRINTING, INC.

Principal Place of Business

**121 N. 8TH STREET
 POST OFFICE BOX 1268
 HAINES CITY FL 33845**

Mailing Address

**121 N. 8TH STREET
 POST OFFICE BOX 1268
 HAINES CITY FL 33845**

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 **59-1368623**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROMER, ROBERT L.
 512 ALTA VISTA DRIVE
 HAINES CITY FL 33844**

Name **FREEMAN, BOBBI C.**

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

8317 LAKE MARION Rd WEST

City **HAINES CITY** FL Zip Code **33844**

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 **Bobbi C. Freeman**

Bobbi C. Freeman

2/15/02

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SMITH, SHARON**
 STREET ADDRESS **8317 LAKE MARION RD W**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **PVPT** ☐ Delete
 NAME **FREEMAN, BOBBI C**
 STREET ADDRESS **8317 LAKE MARION ROAD W**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **D** ☐ Delete
 NAME **MALLOY, JAMIE F**
 STREET ADDRESS **206 S LOCKMOOR AVE**
 CITY-ST-ZIP **TAMPA FL 33617**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Bobbi C. Freeman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 863-422-8651

Date

Daytime Phone #

CR2E034 (9/01)