

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 019 ***150.00

DOCUMENT # **405735**

1. Entity Name

24 CRANDON CORP.

DO NOT WRITE IN THIS SPACE

B0053682

2. Principal Place of Business

200 OCEAN LANE DR.

Suite, Apt. #, etc.

PAG

City & State

KEY BISCAYNE, FL.

Zip

33149

Country

USA

3. Mailing Address

200 OCEAN LANE DR.

Suite, Apt. #, etc.

PAG

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1408619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BERG, DONALD L. II

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

200 OCEAN LANE DR. # PAG

City

KEY BISCAYNE

FL

Zip Code

33149

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY-ST-ZIP
**P
BERG, DONALD L.
200 OCEAN LANE DR. # PAG
KEY BISCAYNE, FL. 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FOGLER, EDWARD N.
22 CRANDON BLVD.
KEY BISCAYNE, FL. 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald L. Berg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 2002

305-361-2904
Daytime Phone

CR2E034B (12/01)