

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90142 023 ***150.00

DOCUMENT # 514971



1. Entity Name
CROCKER CONSTRUCTION COMPANY

Principal Place of Business 433 PLAZA REAL 335 BOCA RATON FL 33432 US	Mailing Address 433 PLAZA REAL 335 BOCA RATON FL 33432 US
---	---



2. Principal Place of Business 225 NE Mizner Blvd.	3. Mailing Address 225 NE Mizner Blvd.
--	--

Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
---	---

City & State Boca Raton, FL	City & State Boca Raton, FL
---------------------------------------	---------------------------------------

Zip 33432	Country	Zip 33432	Country
---------------------	---------	---------------------	---------

4. FEI Number **59-1705764**

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

**WHITE & CASE
200 S BISCAYNE BOULEVARD
MIAMI FL 33131-9352**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P CROCKER, THOMAS J. 433 PLAZA REAL SUITE 335 BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROCKER, WILLIAM J. 433 PLAZA REAL SUITE 335 BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSA TOMIKO, JOHN 433 PLAZA REAL SUITE 335 BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTA ONISKO ROBERT E 433 PLAZA REAL SUITE 335 BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 NE Mizner Blvd., Suite 200 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 NE Mizner Blvd., Suite 200 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **3/25/03** **(31) 385-9666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)