## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Harold B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # 521054 CROWN FLOORING & CONSTRUCTION CORP. 02-04-2000 90043 018 \*\*\*150.00 Mailing Address Principal Place of Business 2608 SE 21ST ST 2608 S E 21ST ST FT LAUDERDALE FL 33316-3202 FT L'AUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business 404 N.E. 38th Street 404 N.E. 38th Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1717018 Not Applicable Oakland Park, Fl Oakland Park, Fl \$8.75 Additional Zip 5. Certificate of Status Desired Fee Bequired USA 33334 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Harold B. Lovell LOVELL, R. O. Street Address (P.O. Box Number is Not Acceptable) 2608 S.E. 21 Street 2608 SE 21ST ST FT LAUDERDALE FL 33316 Zip Code City Ft. Lauderdale 3316 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits thi 28 January, 2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable Harold B. Lovell (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE Secretary NAME LOVELL, HAROLD B Barbara SM Ferguson NAME STREET ADDRESS 250 N.E. 38th Street - Unit #6 STREET ADDRESS 2608 SE 21ST ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Oakland Park, Fl. 33334 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

2000 (954)

Daytime Phone 3 6 7 - 1500

28 January,