

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567495

1. Entity Name

CROWN TRADING CO., INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-16-2000 90022 018 ***150.00

Principal Place of Business 415 WEST MAGNOLIA AVENUE. RM. 207 P.O. BOX 540851 MERRITT ISLAND FL 32952-0851 <i>3/9/00</i>	Mailing Address 415 WEST MAGNOLIA AVENUE. RM. 207 P.O. BOX 540851 MERRITT ISLAND FL 32952-0851 <i>3/9/00</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 415 W. Magnolia Rm. 207 Suite, Apt. #, etc. Rm. 207 City & State Merritt Island, Fl. Zip 32952	Country USA
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4. FEI Number 59-1898940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAKSON, JACK
415 WEST MAGNOLIA AVENUE, #207
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name
Elayne Sakson
Street Address (P.O. Box Number is Not Acceptable)
415 W. Magnolia
Rm. 207
City
Merritt Island FL Zip Code
32952

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 Elayne Sakson PD *Elayne Sakson* 2/2/00
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAKSON, JACK 415 W. MAGNOLIA AVE. #207 MERRITT ISLAND FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sakson, Elayne 415 W. Magnolia #207 Merritt Island, Fl. 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rona Sakson 2002 Lake Union Hill Way Alpharetta, Ga. 30004 <input type="checkbox"/> Change <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elayne Sakson 2/2/00 321-452-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #