

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002431

1. Entity Name

CRF DESIGN STUDIO, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90071 009 ***150.00

00028343



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% CONTINENTAL REALTY CORP. % CONTINENTAL REALTY CORP.
17 WEST PENNSYLVANIA AVE., STE. 500 17 WEST PENNSYLVANIA AVE., STE. 500
TOWSON MD 21204 TOWSON MD 21204

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **52-2092364** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JEAN A ESQ.
BOND, SCHOENECK & KING, P.A.
1167 THIRD STREET SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4001 North Tamiami Trail Suite 404
City Naples FL Zip Code 34103

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 _____ (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, 2001 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	TITLE	
NAME	LUETKEMEYER, JOHN A JR.	NAME	
STREET ADDRESS	17 W. PENNSYLVANIA AVE., STE. 500	STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD 21204	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SCHAPIRO, J. MARK	NAME	
STREET ADDRESS	17 W. PENNSYLVANIA AVE., STE. 500	STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD 21204	CITY-ST-ZIP	
TITLE	VAS	TITLE	
NAME	KINNEAR, WILLIAM H	NAME	
STREET ADDRESS	17 W. PENNSYLVANIA AVE., STE. 500	STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD 21204	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 legal empowered.

SIGNATURE: *William H Kinnear Jr.* William H Kinnear Jr. 3/16/01 910-296-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)