

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002431

1. Entity Name

CRF DESIGN STUDIO, INC.

FILED  
Mar 19, 2002 8:00 am  
Secretary of State

03-19-2002 90016 011 \*\*\*150.00

057897 AT

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2092364		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

RYAN, JEAN A ESQ.  
 BOND, SCHOENECK & KING, P.A.  
 4001 NORTH TAMiami TRAIL, SUITE 404  
 NAPLES FL 34103

## 7. Name and Address of New Registered Agent

Naples Lawdock, Inc.  
 4501 Tamiami Trail North, Suite 300  
 Naples, Florida 34103-3060

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.

SIGNATURE John D. Humphreville, Vice President

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LUETKEMEYER, JOHN A JR.	
STREET ADDRESS	17 W. PENNSYLVANIA AVE., STE. 500	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAPIRO, J. MARK	
STREET ADDRESS	17 W. PENNSYLVANIA AVE., STE. 500	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KINNEAR, WILLIAM H	
STREET ADDRESS	17 W. PENNSYLVANIA AVE., STE. 500	
CITY-ST-ZIP	TOWSON MD 21204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V/S/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: William H. Kinnear Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)