**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 21, 2002 8:00 am Secretary of State DOCUMENT # J08409 1. Entity Name 01-21-2002 90039 047 \*\*\*150.00 CROOKS DEN, INC. Mailing Address Principal Place of Business 126 W ORANGE AVE 126 W ORANGE AVE DAYTONA BEACH FL 32114-4310 DAYTONA BEACH FL 32114-4310 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2029722 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROOKS WILLIAM E JR Street Address (P.O. Box Number is Not Acceptable) 2247 PALMETTO AVE S.DAYTONA BEACH FL 32119 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change □ Delete TITLE TITLE NAME NAME CROOKS, WILLIAM E, JR. STREET ADDRESS STREET ADDRESS 126 W ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114-4310 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME CROOKS, WILLIAM E, JR. STREET ADDRESS STREET ADDRESS 126 W ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114-4310 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 TITLE Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP