

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91590 022 ***150.00

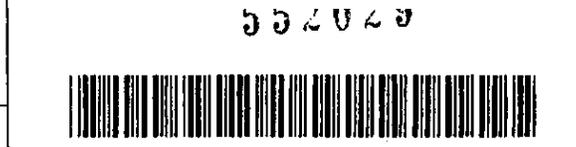
DOCUMENT # J67433

1. Entity Name
CROWN LEASING & MANAGEMENT INC.

Principal Place of Business P.O. BOX 811135 BOCA RATON FL 33481-1135 US	Mailing Address P.O. BOX 811135 BOCA RATON FL 33481-1135 US
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2. Principal Place of Business 3299 NW 2 Ave	3. Mailing Address 3299 NW 2 Ave
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200

City & State Boca Raton, FL	City & State Boca Raton, FL	4. FEI Number 59-2815681	Applied For Not Applicable
Zip 33431	Country USA	Zip 33431	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RUSTINE, DAVID A.
4770 N.W. 2ND AVENUE
SUITE D
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3299 NW 2 Ave
#200
 City **Boca Raton** FL Zip Code **33431**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete RUSTINE, DAVID P.O. BOX 811135 N/A BOCA RATON FL 33481-1135
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3299 NW 2 Ave #200 Boca Raton, FL 33431
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
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: David A. Rustine **David A. Rustine** Date 4/10/01 Daytime Phone # 561-997-9000

CR2E034 (10/00)