

# 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

Mailing Address

P.O. BOX 811135  
 BOCA RATON FL 33481-1135  
 US

P.O. BOX 811135  
 BOCA RATON FL 33481-1135  
 US

2. Principal Place of Business

3. Mailing Address

**3299 NW 2 Ave**

**3299 NW 2 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#200**

**#200**

City & State

City & State

**Boca Raton, FL**

**Boca Raton, FL**

Zip

Zip

Country

Country

**33431**

**USA**

**33431**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSTINE, DAVID A.**  
**4770 N.W. 2ND AVENUE**  
**SUITE D**  
**BOCA RATON FL 33431**

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

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, 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          | <b>P</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>RUSTINE, DAVID</b>           |                                 |
| STREET ADDRESS | <b>P.O. BOX 811135 N/A</b>      |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33481-1135</b> |                                 |
| 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    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          |                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS | <b>3299 NW 2 Ave #200</b>   |  |
| CITY-ST-ZIP    | <b>Boca Raton, FL 33431</b> |  |
| 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    |                             |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David A. Rustine**

Date

**4/10/01**

Daytime Phone #

**561-997-9000**

CR2E034 (10/00)