## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

K41937

**DOCUMENT#** 



Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90078 031 \*\*\*150.00

1. Entity Name CRESCENT SHORES PROPERTIES, INC.								O	1-24-2003	90078 03	1 ***130.0		
Principal Place of Business 8700 NAVARRE PKWY NAVARRE FL 32566 US  2. Principal Place of Business				Mailing Address 8700 NAVARRE PKWY NAVARRE FL 32566 US 3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				_		· · · · · · · · · · · · · · · · · ·			
City & State				City & State				4. FEI Number 50.0014476 Applied For					7
									59-291447	6 	No	ot Applicable	1
Zip		Country	Zip		Cour	itry		5. Certificate of	Status Desired		\$8.75 Add	ditional	-
6. Name and Address of Current Registered Agent								7. Name and Ad	dress of New	Registered	Agent		1
						Name							
PULLUM, WILLIAM A.						Street Address (P.O. Box Number is Not Acceptable)							
8494 NAVARRE PKWY.						<u> </u>							4
NAVARRE	FL 32566												_
		City			FL Zip Code								
	named entity tions of regist	y submits this statement f ered agent.	or the purp	ose of changing its	register	ed office or reg	jistered	agent, or both, in	the State of F	lorida. Lam	familiar with,	and accept	}
SIGNATURE	Signature, typed	or printed name of registered agen	it and title if app	licable. (NOT	: Registere	d Agent signature re	equired wh	en reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									on Campaign F und Contributi			<b>0</b> May Be I to Fees	1
10.	<del></del>	OFFICERS AND	DIRECTO	RS	11.	<del></del> .		ADDITIONS/CH	ANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WILLIAM A. ARRE PKWY. FL		Delete	1						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Martha S. Arre Pkwy. Fl		☐ Delete							☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PULLUM, I 8494 NAV NAVARRE	arre PKWY	<u> </u>	□ Delete		ľ					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stuckey, 8494 NAV Navarrei	ARRE PKWY		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Dølete		i i					☐ Change	☐ Addition	

12. 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 pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with fair address, with all other like empowered.

**SIGNATURE:** 

IATURE REQUIRED