

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90047 013 \*\*\*150.00

0066141

**DOCUMENT # K78499**

1. Entity Name

**J.A. CROSON COMPANY OF FLORIDA**

Principal Place of Business

**7420 EAST COLONIAL DRIVE  
 ORLANDO FL 32807  
 US**

Mailing Address

**7420 EAST COLONIAL DRIVE  
 ORLANDO FL 32807  
 US**

*AMPAM - J.A. Croson Company*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2944806**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSON, J.A.  
 2001 OLD HWY 441  
 SUITE #2  
 MT DORA FL 32757**

Name

*CT Corporation*

Street Address (P.O. Box Number is Not Acceptable)

*1200 South Pine Island Rd*

City

*Plantation*

FL

Zip Code

*33324*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/27/01*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DC**  
 STREET ADDRESS **CROSON, JAMES A.**  
 CITY-ST-ZIP **3111 LAKESHORE DR  
 MT DORA FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **LATOURELLE, MARK**  
 CITY-ST-ZIP **7836 COPPERFIELD COURT  
 ORLANDO FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DVTS**  
 STREET ADDRESS **BAGGETT, DAVID**  
 CITY-ST-ZIP **1502 AUGUSTA, SUITE #425  
 HOUSTON TX 77057**

TITLE ☒ Change ☐ Addition  
 NAME **DVTS**  
 STREET ADDRESS **BAGGETT, DAVID**  
 CITY-ST-ZIP **1950 Louis Henna Blvd  
 Round Rock, Tx 78664**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CHRISTANSON, ROBERT**  
 CITY-ST-ZIP **1950 LOUIS HENNA BLVD  
 ROUND ROCK TX 78664**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **HARVARD, JOSEPH**  
 CITY-ST-ZIP **3504 BATTERSEA CT  
 ORLANDO FL 32812**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Carl Wimberly**  
 CITY-ST-ZIP **1950 Louis Henna Blvd  
 Round Rock, Tx 78664**

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:

*Joseph Harward* / **JOSEPH HARVARD VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/25/01* *407-380-6525*

CP2E034 (10/00)