

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90018 038 \*\*\*\*50.00

**DOCUMENT # L00000012884**

1. Entity Name

**CROWLEY ENTERPRISES USA, LLC** ✓

Principal Place of Business

**4501 TAMiami TRAIL NORTH, SUITE 300  
 NAPLES FL 34103**

Mailing Address

**4501 TAMiami TRAIL NORTH, SUITE 300  
 NAPLES FL 34103**

2. Principal Place of Business

**1794 9th Street N**

3. Mailing Address

**1794 9th Street N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples FL**

City & State

**Naples FL**

Zip

**34102**

Country

**Collier**

Zip

**34102**

Country

**Collier**

4. FEI Number

**65-1059915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.  
 % QUARLES & BRADY, LLP  
 4501 TAMiami TRAIL NORTH, SUITE 300  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Elmarie Crowley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1794 9th Street N.**  
**Naples** **34102**  
 City **Naples** **FL** Zip Code **34102**

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **CROWLEY, ELMARIE**  
 STREET ADDRESS **C/O 4501 TAMiami TRAIL NORTH, SUITE 300**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME **Crowley, Elmarie**  
 STREET ADDRESS **1794 9th Street**  
 CITY-ST-ZIP **Naples, FL 34102**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04-18-2002**

CR2E083 (9/01)