

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000009427**

1. Entity Name

CROWN PRODUCTS, LLCFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -3 AM 10:45

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10/4

Principal Place of Business

2557 N.W. 52ND STREET
BOCA RATON FL 33496

Mailing Address

2557 N.W. 52ND STREET
BOCA RATON FL 33496

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651149250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CFRA LLC
ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JANE TRUNSKY ☐ Delete
2557 NW 52ND STREET
BOCA RATON, FL 33496☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete☐ Change ☐ AdditionTITLE
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☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete☐ Change ☐ Addition

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 REQUIRED
JANE TRUNSKY

Date

8/23/2002

Daytime Phone #

561-443325

CR2E083 (4/02)