

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017838

1. Entity Name
CRO LLC

Principal Place of Business
522 56TH STREET
HOLMES BEACH FL 34217

Mailing Address
522 56TH STREET
HOLMES BEACH FL 34217

2. Principal Place of Business
3801 MANATEE AVE. W.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BRADENTON, FL
Zip
34205
Country
USA

City & State

Zip

Country

4. FEI Number
65-1149264

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROWE, DEBRA SUE
522 56TH STREET
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
ROBERT D CROWE
SAME
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-PRES
Debra S CROWE
SAME
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ 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

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

Date

Daytime Phone #

1-13-02

941-748-4016

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90047 008 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)