PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52883

1. Entity Name

CROCKETT, SCHURHOLZ & WOODS INC.

FILED

03 MAY -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 03

2. Principal Place of Business	3. Mailing Address
750 N.W. 107TH STREET	750 N.W. 107TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33168 Country: USA	Zip: 33168 Country: USA

4. FEI Number 65-0179425 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: LESTER E. CROCKETT

Street Address (P.O. Box Number is Not Acceptable): 7601 E. TREASURE DRIVE APT 1909

City: NORTH BAY VILLAGE FL Zip Code: 33141

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

FEE IS ~~$50.00~~ $150.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
DP CROCKETT, LESTER E. 7601 E. TREASURE DR. APT 1909 NORTH BAY VILLAGE, FL 33141	300018302383 05/06/03--01085--025 **300.00
	DO NOT WRITE IN THIS SPACE

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: Lester E. Crockett 5-1-03 305-751-7676

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