

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

01-16-2002 90290 032 ****50.00

DOCUMENT # L96000000673

1. Entity Name

CROWN INVESTMENT GROUP, L.L.C.

Principal Place of Business

701 OHIO AVENUE
LYNN HAVEN FL 32444

Mailing Address

P.O. BOX 250
LYNN HAVEN FL 32444

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

59-3385944

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

FARRELL, TIM
701 OHIO AVENUE
LYNN HAVEN FL 32444

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **CAMPBELL, TIM**
CITY-ST-ZIP **222 EAST 4TH STREET** *NEW ADDRESS ONLY*
PANAMA CITY FL 32401

TITLE ☒ Change ☐ Addition
NAME *Change to this*
STREET ADDRESS **112 E 3RD COURT**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **CAMPBELL, TROY**
CITY-ST-ZIP **222 EAST 4TH STREET** *NEW ADDRESS ONLY*
PANAMA CITY FL 32402

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **112 E 3RD COURT**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **FARRELL, TIM**
CITY-ST-ZIP **701 OHIO AVENUE, P.O. BOX 250**
LYNN HAVEN FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *The only changes are the mailing addresses*
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **HAMM, TOMMY**
CITY-ST-ZIP **4003 BRENTLY CIRCLE**
PANAMA CITY FL 32405

TITLE ☐ Change ☐ Addition
NAME *of Tim & Troy Campbell*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **FOSTER, D. STEPHEN**
CITY-ST-ZIP **1008 MINNESOTA AVE.**
LYNN HAVEN FL 32444

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tim Farrell*

SIGNATURE REQUIRED

FARRELL

01/14/02

(850) 265-2181

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

Date

Daytime Phone #

CR2E083 (9/01)