

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002863

1. Entity Name

CRATE, CART & ASSEMBLE, L.L.C.

FILED

01 APR 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 SO. ORANGE AVENUE
8TH FLOOR
ORLANDO FL 32801

Mailing Address

100 SO. ORANGE AVENUE
8TH FLOOR
ORLANDO FL 32801



2. Principal Place of Business

6728 Edgewater Commerce Parkway

3. Mailing Address

6728 Edgewater Commerce Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3577983

Applied For

Not Applicable

Zip

32810

Country

USA

Zip

32810

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAGAN, MICHAEL
100 SO. ORANGE AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

6232 Albeth Road

City

Orlando

FL

Zip Code

32810

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CRAGAN, MICHAEL ☐ Delete
STREET ADDRESS 100 SO. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME MGRM CAMPELLONE, RAE ANNE ☐ Delete
STREET ADDRESS 100 S. ORANGE AVENUE, 8TH FLOOR
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 6232 Albeth Road
CITY-ST-ZIP Orlando FL 32810

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 4928 Easter Circle
CITY-ST-ZIP Orlando FL 32808

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

3/28/01

Date

407 648 4660

Daytime Phone #

CR2E083 (11/00)