<b>&gt;</b>												
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N49709										***		0012297
1. Entity Name CRIMINON INC.							FILED					
								:	01.9	SEP 25 AM IC	)• no	
Principal Place of Business				Mailing Address								•
107 1/2 N. GREENWOOD AVE N CLEARWATER FL 33755				PO BOX 7727 CLEARWATER FL 33758					TAEL	TELANTIONS THASSEE, FL	TATE ORIDA	•
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State				4. FEI Number	59-3132503	<del> </del>	pplied For ot Applicable	}
Zip	Country Zip			Country			_5Certificate of Status Desired =					
	red Agent		7. Name and Address of New Registered Ag Name						$\frac{1}{2}$			
HARLAN, BRUCE M ESQ.						Street Address (P.O. Box Number is Not Acceptable)						1
326 BELCHER RD. N. CLEARWATER FL. 34625						<del>                                     </del>				4 <u> </u>	<del></del> -	1
CLEARWA	ATER FL 34	625				City				FL Zip Coo	le	-
8. The above	named entit	y submits this statement for	the pur	pose of changing its	register	ed office or	register	ed agent, or both	in the state of Floric	14342	4	
SIGNATURE _			and title if ou	pulicable (NOTE	Pagistore	nd Accort signatu	ura raquitad	when reinstating)	-09/27/( *****61	)1010871 25		
	Signature, typed	or printed name of registered agent a	na unie ii al	pplicable. (NOTE	. riegistere		ura radanac	witori tellistating)	1			{
FILE NOW: FEE IS \$61.25  After September 12, 2001, min. will be \$236.25  9. Election Campa Trust Fund Con								\$5.00 May Be Added to Fees		e Check Payable partment of State		
10.		OFFICERS AND DIR	ECTOR	S	11.			ADDITIONS/CHAI	NGES TO OFFICERS	AND DIRECTORS I	_	1_
TITLE NAME	D Delete				TITL					☐ Change	☐ Addition	CR2E037 (5/01)
STREET ADDRESS 2357 STAG RUN BLVD.						EET ADDRESS		<b>.</b>				5037
CITY-ST-ZIP CLEARWATER FL 34625					TITL	'-ST-ZIP		DIRECTO	HDAMS	☐ Change	Addition	뛶
NAME	BICKEL, EDWIN					E IE	17	FOR T	ACRAE		- Andanson	ľ
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TITLE NAME				☐ Delete	TITL					☐ Change	☐ Addition	-
STREET ADDRESS						EET ADDRESS						

CITY-ST-ZIP

12. I hereby certify that the information applied 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 or supply final report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

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