9/12/01-90104-005-$158.75-$158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005640

1. Entity Name
CROWN PROFESSIONAL LEASING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 12:35

D00063446

Principal Place of Business
5237 34TH STREET NORTH
ST. PETERSBURG FL 33714

Mailing Address
5237 34TH STREET NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business		3. Mailing Address	
6001 34th Street N.		6001 34th Street N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St Petersburg FL.		City & State: St Petersburg FL.	
Zip: 33714	Country: U.S.A.	Zip: 33714	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3624321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAWKINS, DWAYNE 5237 34TH STREET NORTH ST. PETERSBURG FL 33714	Name: Street Address (P.O. Box Number is Not Acceptable): 6001 34th Street North City: St Petersburg FL Zip Code: 33714

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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, DWAYNE 5237 34TH STREET NORTH ST. PETERSBURG FL 33714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6001 34th Street N. St Petersburg FL 33714	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/01)

13. 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 or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dwayne Hawkins 9/6/01 727-527-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #