

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000005640

FILED
Mar 07, 2003
Secretary of State

Entity Name: CROWN PROFESSIONAL LEASING, INC.

Current Principal Place of Business:

6001 34TH STREET N.
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

6001 34TH STREET N.
ST. PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-3624321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAWKINS, DWAYNE
6001 34TH STREET N.
ST. PETERSBURG, FL 33714

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAWKINS, DWAYNE
Address: 6001 34TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAWKINS, DWAYNE
Address: 6001 34TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33714

Title: S () Change (X) Addition
Name: SCHMIDT, THOMAS J CFO
Address: 6001 34TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWAYNE HAWKINS

DP

03/07/2003

Electronic Signature of Signing Officer or Director

Date