

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90547 025 ***150.00

DOCUMENT # P00000028992

1. Entity Name
CROWN LAKES BUSINESS PARK, INC.



Principal Place of Business
% THE BABCOCK COMPANY
8350 NORTHWEST 52ND TERRANCE #107
MIAMI FL 33166

Mailing Address
% THE BABCOCK COMPANY
8350 NORTHWEST 52ND TERRANCE #107
MIAMI FL 33166



2. Principal Place of Business
8350 NW 52 Terrace

3. Mailing Address
8350 NW 52 Terrace

Suite, Apt. #, etc.
107

Suite, Apt. #, etc.
107

City & State

City & State

Miami FL

Miami FL

Zip
33166

Country

Zip
33166

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3635178**

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

BABCOCK, CALVIN H
THE BABCOCK COMPANY
8350 NORTHWEST 52ND TERRANCE #107
MIAMI FL 33166

Name
BABCOCK, CALVIN H
Street Address (P.O. Box Number is Not Acceptable)
8350 NW 52 Terrace #107
City
Miami FL Zip Code
33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Calvin H. Babcock*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BABCOCK, CALVIN H
8350 NORTHWEST 52ND TERRANCE #107
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BABCOCK CALVIN H.
8350 NW 52 Terrace #107
Miami, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BELL, JOSEPH E
8350 NW 52 TERRACE #107
MIAMI FL 33166 ☐ Delete

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

TITLE
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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Calvin H. Babcock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin H. Babcock

Date

4-14-03

305-599-2780

Daytime Phone #

CR2E034 (10/02)