2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000060895

Entity Name: CRISGAR CORPORATION

FILED Mar 10, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1252 QUEEN'S HARBOUR BLVD. 2771-4 MONUMENT ROAD JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

1252 QUEEN'S HARBOUR BLVD. 2771-4 MONUMENT ROAD JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

FEI Number: 59-3652910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, AWILDA C
1252 QUEEN'S HARBOUR BLVD.
JACKSONVILLE, FL 32225 US

DUFFY, AWILDA C P
1252 QUEENS HARBOR BLVD
JACKSONVILLE, FL 32225 US

DUFFY, AWILDA C P
1252 QUEENS HARBOR BLVD
JACKSONVILLE, FL 32225 US

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: AWILDA C. DUFFY 03/10/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete Name: GARCIA, AWILDA C

Address: 1252 QUEEN'S HARBOUR BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition Name: DUFFY, AWILDA C P/D

Address: 1252 QUEEN'S HARBOUR BLVD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: V/D () Change (X) Addition

Name: DUFFY, JAMES F V/D

Address: 1252 QUEEN'S HARBOUR BLVD. City-St-Zip: JACKSONVILLE, FL 32225 FL

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: AWILDA C. DUFFY P/V 03/10/2003