2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000065930 **DOCUMENT#**

1. Entity Name

CRW BUSINESS SERVICES, INC.



FILED Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90119 032 ***150.00

15903 NORTH ODESSA FL 3		Mailing Address 15903 NORTHLAKE VILLAGE DRIVE ODESSA FL 33556		
2. Principal i	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State		4. FEI Number 59-3660546 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
15903 NO	, CLAYTON R DRTHLAKE VILLAGE DRIVE		Hame	et Address (P.O. Box Number is Not Acceptable)
ODESSA I	FL 33556		City	⊏ I Zip Code
<u> </u>				Г Ь
The above the obligat	e named entity submits this statement t tions of registered agent.	for the purpose of changing	its registered office	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
	3			
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (N	OTE: Registered Agent sign	ignature required when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND	of State	111.	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE	P	☐ Delete	TITLE	Change Addition
NAME Street address City-St-Zip	WATSON, CLAYTON R 15903 NORTHLAKE VILLAGE DF ODESSA FL 33556		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE	_ Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	ş	مداليونية المراجع المنط	STREET ADDRESS CITY-ST-ZIP	SS
TITLE Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	Change Addition
ITTLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
of the corp	on this report or supplemental report i	s true and accurate and that owered to execute this repo	t my signature shall rt as required by Ch	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lil have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

813-695-6952