2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094090

1. Entity Name
CROWN PLUMBING AND CONTRACTING INC

FILED
01 NOV -5 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

Principal Place of Business	Mailing Address
475 NE 21ST AVE DEERFIELD BCH FL 33441	475 NE 21ST AVE DEERFIELD BCH FL 33441

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1014980 ☐ 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
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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

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 $150.00
After MAY 1, 2001 Fee will be $550.00
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	DIRECTOR VERCOUTEREN PETER T 825 SE 6 AVE DEERFIELD BCH FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300004698493 -11/29/01--01056--002 ****150.00 ****150.00
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 ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature] 11/2/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Crown Plumbing and Contracting, Inc.

825 S.E. 8th Avenue
Deerfield Beach, FL 33441
426-3520 428-8288

FLA DEPT of STATE
DIVISION of CORPORATIONS

I AM WRITING TO ASK YOU TO REINSTATE MY CORPORATION. I WAS INFORMED BY MY BANK THAT MY CORPORATION WAS DISSOLVED. I CAN NOT REMEMBER RECEIVING ANY NOTICES of TAX DUE. I HAVE MY ACCOUNT FILE ON A BLANK FORM AND AM SUBMITTING A CHECK for $150 DOLLARS AS PER HIS INSTRUCTION. I APPRECIATE YOUR NOT CHARGING ANY PENALITIES AND INTEREST. THANK YOU IN ADVANCE for YOUR ASSISTANCE.

SINCERELY

11/2/01