

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000104512**

1. Entity Name

KROWN, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90083 002 ***150.00

Principal Place of Business

PO BOX 15375
WEST PALM BEACH FL 33416

Mailing Address

PO BOX 15375
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1057397

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BEER, JERALD S ESQ
515 NORTH FLAGLER DRIVE
NORTHBRIDGE TOWER I, 18TH FLOOR
WEST PALM BEACH FL 33401**7. Name and Address of New Registered Agent**Name **REX RATHBUN**

Street Address (P.O. Box Number is Not Acceptable)

1140 Ranchette Rd

City **WEST PALM BEACH****FL**

Zip Code

33415

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

REX RATHBUN**PRES****4/25/01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME **PD REX RATHBUN**
STREET ADDRESS **1140 Ranchette Rd**
CITY-ST-ZIP **West Palm Beach FL 33415**TITLE ☐ Change ☒ Addition
NAME **STB KYLE RATHBUN**
STREET ADDRESS **6486 Nikki Way**
CITY-ST-ZIP **LAKE WORTH FL 33467**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

REX RATHBUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-683-3535 EX 12

CR2E034 (10/00)