

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90036 039 ***150.00

DOCUMENT # P00000104512

1. Entity Name
KROWN, INC.

Principal Place of Business
PO BOX 15375
WEST PALM BEACH FL 33416

Mailing Address
PO BOX 15375
WEST PALM BEACH FL 33416

00101100



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RATHBON, REX
1140 RANCHETTE RD
WEST PALM BEACH FL 33415

Name **Rex Rathbun**

Street Address (P.O. Box Number is Not Acceptable)
1140 Ranchette Road

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

Rex Rathbun

4-24-02

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, 2002 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 **PD RATHBON, REX** ☐ Delete
 STREET ADDRESS **1140 RANCHETTE RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE
 NAME **PD Rex Rathbun** ☒ Change ☐ Addition
 STREET ADDRESS **1140 Ranchette Road**
 CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE
 NAME **STD RATHDUN, KYLE** ☐ Delete
 STREET ADDRESS **6486 NIKKI WAY**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE
 NAME **STD Kyle Rathbun** ☒ Change ☐ Addition
 STREET ADDRESS **6486 Nikki Way**
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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, dated, or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Kyle Rathbun

4-24-02

561-683-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)