

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90242 015 \*\*\*150.00

DOCUMENT # 00000112588

1. Entity Name

Crowne Consulting, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

25150 Bernwood Drive 25150 Bernwood Drive

Suite, Apt., etc.

Suite 13

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. Mailing Address

25150 Bernwood Drive

Suite, Apt., etc.

Suite 13

City & State

Bonita Springs, FL

Zip

34135

Country

USA

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4. FEI Number

59-3690249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President & Director  
Tina Spaulding  
2424 Longboat Drive  
Naples, FL 34104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President & Chairman  
Brian Spaulding  
2424 Longboat Drive  
Naples, FL 34104

TITLE  
NAME  
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

(239) 992-4173

Daytime Phone #

CR2E034B (12/02)