

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 10, 2003 8:00 am  
Secretary of State

09-10-2003 90067 018 \*\*\*558.75

DOCUMENT # P00000112588

1. Entity Name  
CROWNE CONSULTING, INC.



Principal Place of Business  
2424 LONGBOAT DR  
NAPLES FL 34104

Mailing Address  
2424 LONGBOAT DR  
NAPLES FL 34104



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
25150 Barnwood Drive

3. Mailing Address  
25150 Barnwood Drive

Suite, Apt. #, etc.  
13

Suite, Apt. #, etc.  
13

City & State  
Bonita Springs, FL

City & State  
Bonita Springs, FL

4. FEI Number 59-3690249 Applied For  
Not Applicable

Zip Country  
34135 USA

Zip Country  
34135 USA

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

6. Name and Address of Current Registered Agent  
KARL, JAMES L II ESO  
975 NORTH COLLIER BLVD  
MARCO ISLAND FL 34145

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	D SPAULDING, TINA 2424 LONGBOAT DRIVE NAPLES FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tina Spaulding 2424 Longboat Drive Naples, FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[REDACTED] <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian Spaulding 2424 Longboat Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C Tina Spaulding 2424 Longboat Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Tina Spaulding 2424 Longboat Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Tina Spaulding 2424 Longboat Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Tina Spaulding 2424 Longboat Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition M Brian Spaulding 2424 Longboat Drive Naples, FL 34104

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Tina Spaulding **SIGNATURE REQUIRED** Tina Spaulding 9-8-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (month) day year

CR2E034 (4/03)