2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am Secretary of State DOCUMENT # P00000113422 1. Entity Name 05-16-2002 90075 028 ***150.00 CROWN CONSULTING OF FLORIDA, INC. Principal Place of Business Mailing Address 967 VINERIDGE RUN. SUITE 206 510 CRANES WAY #208 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address 510 CRANES WA Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 206 City & State City & State Applied For SPRINGS ILTAMONTE 375/233 Not Applicable - پېچى: Zip - Country .\$8.75. Additional --5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE KEN JOYNGR 510 CRANES WAY # 208 NAME HATHAWAY, JAMES B NAME STREET ADDRESS 967 VINERIDGE RUN, SUITE 206 STREET ADDRESS ALTAMONTE SPRINGS PC 32701 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY - ST- ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME # 208 STREET ADDRESS STREET ADDRESS 510 CLANES WAY CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the report of the receiver of the report of th changed, or on an attachn

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TITLE

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SIGNATURE:

CITY-ST-ZIP

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TITLE

NAME

☐ Delete

☐ Change

Addition

CR2E034 (9/01)