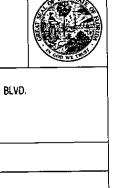
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000114248 DOCUMENT # ·

SIGNATURE:

1. Entity Name CRESCENT BUSINESS SERVICES, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90165 021 \*\*\*158.75

| Principal Place of Business<br>3149-2 N. PONCE DE LEON BLVD.<br>SUITE # 2<br>ST. AUGUSTINE FL 32084 |  | Mailing Address 3149-2 N. PONCE DE LEON BLVD. SUITE # 2 ST. AUGUSTINE FL 32084  |   |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| 2. Principal Place of Business  |  | 3. Mailing Address  |   | I (\$4/(01) !)) \$4/() DECI   DULL SAVE  | 10101 11001 11011 010  | 12 ()2() 010                           |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   | ☐ CHECK HERE IF MAKING CHANGES   |  |  |  |  |
| City & State  |  | City & State  |   | 4. FEI Number 59-3686478   |  |  | lied For<br>Applicable                   |  |
| Zip   | Country  | Zip   | Country   | 5. Certificate of Status Desired   |  | <b>75</b> Addit<br>Required            |  |  |
| <u> </u>  | 6. Name and Address of Current   | Registered Agent  |   | 7. Name and Address of New Re  | gistered Agen  | t                                      |  |  |
|   |  | <u></u>   | Name  |  |  |  |  |  |
| JAMES, JE   |  |   | Street Addre  | ess (P.O. Box Number is Not Acceptable)  |  |  |  |  |
| 3149-2 N. PONCE DE LEON BLVD.   |  | · ·   |   |  |  |  |  |  |
| ST. AUGUS   | STINE FL 32084   |   | City  |  | FL 2   | Zip Code                               |  |  |
|   |  |   | '   | the State of Flor  |  | ar with a                              | and accept                               |  |
| 8. The above the obligati   | named entity submits this statement for<br>ons of registered agent.  | or the purpose of changing its  | registered office or reg  | istered agent, or both, in the State of Flor   | ua. Tamianii   | a, mai, a                              | and dodopt                               |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent   | and title if applicable. (NOT   | E: Registered Agent signature re-   | quired when rainstating)   | DATE   |  |  |  |
| After   | ILE NOW!!! FEE IS \$150.00<br>May 1, 2003 Fee will be \$550.00<br>Payable to Florida Department o  | f State   |   | 9. Election Campaign Fina<br>Trust Fund Contribution   |  |  | May Be<br>to Fees                        |  |
| 10.   | OFFICERS AND   |   | 11.   | ADDITIONS/CHANGES TO OFFI  | CERS AND DIR   | ECTORS                                 | IN 11                                    |  |
| TITLE NAME STREET ADDRESS   | PC<br>JAMES, JEANNETTE<br>317 LORIDA AVENUE  | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS   |  |  | Change                                 | Addition                                 |  |
| CITY-ST-ZIP   | SAINT AUGUSTINE FL 32095   | ☐ Delete  | CITY-ST-ZIP   |  |  | Change                                 | Addition                                 |  |
| TITLE NAME STREET ADDRESS   | VSTD<br>ROSS, PAULA<br>1918 SOUTH 31ST STREET  |   | NAME STREET ADDRESS CITY-ST-ZIP   | and the second s |  | ু<br>ক্লিক্ট <del>্</del> ডি           | ا ما ما ماليست                           |  |
| CITY-ST-ZIP   | TEMPLE TX 76504  | □ Delete  | TITLE   |  |  | Change                                 | Addition                                 |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | NAME<br>STREET ADORESS<br>CITY-ST-ZIP   |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | Change                                 | ☐ Addition                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | Change                                 | ☐ Addition                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | ) Change                               | Addition                                 |  |
| 12. I hereby indicated of the co  | certify that the information supplied wid on this report of supplemental report reportation of the received or trustee emit, or on an attachment with an address | th this filing does not qualify find the strue and accurate and that sowered to execute this report, with all of the like empowered | or the exemption stated<br>my signature shall have<br>t as required by Chapte<br>d. | in Section 119.07(3)(i), Florida Statutes,<br>e the same legal effect as if made under<br>607, Florida Statutes; and that my nam   | I further certify to<br>bath; that I am a<br>e appears in Bl | that the ir<br>an officer<br>ock 10 or | nformation<br>or director<br>Block 11 if |  |