

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90126 014 ***150.00

DOCUMENT # P01000017251

1. Entity Name
MT CROWN PROPERTIES, INC.

Principal Place of Business
**1726 MEDICAL BOULEVARD
NAPLES FL 34110**

Mailing Address
**1726 MEDICAL BOULEVARD
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3704417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN G ESQ.
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES FL 34103**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
DENT, MICHAEL DR.
1726 MEDICAL BOULEVARD
NAPLES FL 34110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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DENT, MICHAEL DR.
1726 MEDICAL BOULEVARD
NAPLES FL 34110** ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02 (239) 513-1992

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Document #
PD1000017251
B0132337

M.T. Crown Properties, Inc.
1726 Medical Boulevard, #101
Naples, FL 34110
(239) 513-1992

18 July, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

We have recently received the accompanying UBR report for M.T. Crown Properties, Inc. This is a newly formed corporation and our office has recently moved. We did not receive the original mailing from your office to file this report. We are now filing the report, the required \$150.00 fee along with this letter per instructions in the report for non-receipt of the form.

If you have any further questions, please do not hesitate to contact us at the above phone number.

Sincerely,



Michael T. Dent, President
MTD/sjp