

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

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90098 012 ***150.00

DOCUMENT # P01000035674

1. Entity Name
CROWN CATASTROPHE, INC.



Principal Place of Business
**5942 RIVER ROAD
NEW PORT RICHEY FL 34652**

Mailing Address
**25 EAST TARPON AVE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

27 E. ORANGE STR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS

Zip

Country

Zip

Country

34689

USA

4. FEI Number **59-3713181**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N
25 EAST TARPON AVE
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **GEORGE N. KLIMIS, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
27 E. ORANGE STR.
City **TARPON SPRINGS** FL Zip Code **34689**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HATCHER, DEAN**
STREET ADDRESS **5942 RIVER ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

DEAN HATCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

Date

281-477-8809

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

George N. Klimis, P.A.

Attorney at Law

◆ L.L.M. Taxation ◆

February 10, 2003

PO1000035674

80633189

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

CERTIFIED RETURN RECEIPT
Article #: 7000 1670 0002 9946 2311

Re: **2003 Uniform Business Report for the following Corporation:**
- Crown Catastrophe, Inc. EIN #: 59-3713181

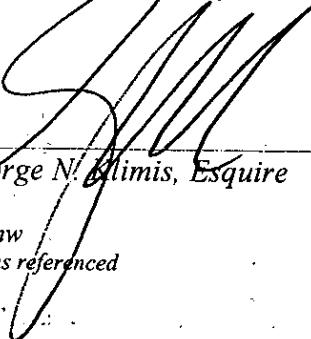
Dear Sir:

Please find enclosed completed 2003 Uniform Business Report for the above referenced corporation. Attached is their corporate check # 1081 in the amount of \$150.00 required for filing.

If you have any questions or comments regarding the enclosed, please do not hesitate to contact me.

Sincerely,

GEORGE N. KLIMIS, P.A.

By: 
George N. Klimis, Esquire

GNK/mw
Encls. as referenced

27 E. Orange Street, Tarpon Springs, Florida 34689

Phone 727-943-9551 * Fax: 727-943-9081

e-mail gpa@tampabay.rr.com