

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90072 014 \*\*\*150.00

**DOCUMENT # P01000039921**

**1. Entity Name**  
**CRUNK GEAR INC.**

**Principal Place of Business**  
**2315 HAMILTON ST.**  
**BARTOW FL 33830**

**Mailing Address**  
**2315 HAMILTON ST.**  
**BARTOW FL 33830**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3728854**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PEARSALL, ALVIN**  
**2315 HAMILTON ST.**  
**BARTOW FL 33830**

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.**

**SIGNATURE** *Alvin Pearsall Jr.*

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Delete
NAME	<i>Thomas Skeeter</i>
STREET ADDRESS	<i>8541 Greenbelt Rd Apt 201</i>
CITY-ST-ZIP	<i>Greenbelt, MD 20770</i>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<i>Keith Miller</i>
STREET ADDRESS	<i>1980 Riggs Rd</i>
CITY-ST-ZIP	<i>Hyattsville, MD 20783</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Marcus Ford</i>
STREET ADDRESS	<i>2669 S. Walter Reed Dr. Unit C</i>
CITY-ST-ZIP	<i>Arlington, VA</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>George Terrell</i>
STREET ADDRESS	<i>1736 N. Webster Ave</i>
CITY-ST-ZIP	<i>Lakeland, FL 33805</i>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Alvin Pearsall Jr.</i>
STREET ADDRESS	<i>2511 Heather Hollow Cir Apt 14</i>
CITY-ST-ZIP	<i>Silver Spring, MD 20904</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Alvin Pearsall Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*April 29, 2002 (202) 997-4745*

CR2E034 (9/01)