05-03-2002 90053 025 \*\*\*150.00

## P01000041309 **DOCUMENT #**

1. Entity Name

CRS REAL ESTATE, INC.

Principal Place of Business

2528 WOODLAND DR. **EDGEWATER FL 32141**  Mailing Address

2528 WOODLAND DR.

**EDGEWATER FL 32141** 

2 Principal	Place of Business _ T							
340	Green field Road	3. Mailing Address 340 Greenf	ield Rd.	.	1 ( <b>60</b> 1) <b>20</b> 1   111 <b>00181</b>	) 11811 30114 BUITE BUITE	BIJI UIUUI TIBBA SIIJI	90119 (3)1 (01)
Suite, Ap		Suite, Apt. #, etc.	void Roc		DC	NOT WRITE IN T	HIS SPACE	
Winte	ate ur-Haven, Fl	City & State Winter-Have	n		FEI Number	(a00===		pplied For ot Applicable
33884	Country USA	33884	Country USA		. Certificate of Status		\$8.75 Ad	ditional
	6. Name and Address of Current Re	gistered Agent	<u> </u>	7.	Name and Address	of New Register	Fee Require	ed .
1 411050	DD 011070 5	Name , C \ C						
	RD, CURTIS R	Street Address (P.O. Box Number is Not Acceptable)						
	ODLAND DR. Ter FL 32141	176 Beverly Drive						
LDGLIIA	TEN FE 32141							
<u>_</u> .			CityW	inter	Haven		FL Zip Cod	စ္စီဝပ
8. The above	e named entity submits this statement for th	e purpose of changing its r	egistered office or i	registered a	agent, or both, in the	State of Florida.		
CONTRACT			7	•		(/ ()	r_\2 7	}
SIGNATURE		title if application. (NOTE:	Registered Agent signature	re required when	reinstating)	9-13	, <u>-0</u>	
9. This corp	oration is eligible to satisfy its Intangible		FEE IS \$150.0		<del></del>			
Tax filing requirement and elects to do so. After May 1, 2002			2 Fee will be \$55	50.00	10. Election Car Trust Fund C	npaign Financing		<b>0</b> May Be
<u>-</u> -		Make Check Payable	e to Department	of State	Trust Faria C	JOHERDAUOH.	∐ Added	I to Fees
TITLE	OFFICERS AND DIF		12.		DDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTORS	3 IN 11
NAME	LANGFORD, CURTIS R	☐ Delete	TITLE NAME	D	Food Cur	tis R	<b>L</b> Change	☐ Addition
STREET ADDRESS	2528 WOODLAND DR.		STREET ADDRESS	1769	ford, Curl Beyerly T	Drive	*	
CITY-ST-ZIP	EDGEWATER FL 32141	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	Wint	er Haven	FL 3	33884	
TITLE NAME	D LANGFORD, ROY W JR	☐ Delete	TITLE	$\sigma$	_	•	Change	☐ Addition
STREET ADDRESS	148 TANBARK DR.		NAME STREET ADDRESS	Lang	ord, Rey	M. Jr		
CITY-ST-ZIP	AFTON VA 22920	<u>ستوسيستو</u> سيون پروست اوستان په تا ست	1- Ann. At 25	37000	Streen fie' er Haven	id Koa	32884 5	
TITLE	D	☐ Delete	TITLE	D	M. HUVM	, F L	Change	Addition
NAME STREET ADDRESS	LANGFORD, BARBARA C		NAME	Lang	ford, Barl	para C.	·	
CITY-ST-ZIP	148 TANBARK DR. AFTON VA 22920		STREET ADDRESS CITY-ST-ZIP	340 Y	reen fiel	d Road		
TITLE	D	☐ Delete	TITLE	NINT	er Haven	FL,	33884 ☐ Change	- Adalbia -
NAME	LEAKE, STEVEN W	_ 33333	NAME				L Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1736 E. CHAPEL DR. DELTONA FL 32725		STREET ADDRESS					
TITLE	DELTONA PL 32723	☐ B-1-4-	CITY-ST-ZIP	<del>.</del>			<u> </u>	
NAME .		☐ Delete	! TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					]
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS		ı	NAME 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 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP