2002 UNIFORM BUSINESS REPORT (UBR)

Sep 11, 2002 8:00 am Secretary of State DOCUMENT# . P01000069750 1. Entity Name 09-11-2002 90066 032 ***150.00 CROOKED FORK, INC. Principal Place of Business Mailing Address 4085 HANCOCK PKWY. N. # 110 4085 HANCOCK PKWY. N. # FT. MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. "EEI Numbe Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Eee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AYLWIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4085 HANCOCK PKWY, N. FT. MYERS FL 33903 City 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. 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F ☐ Delete TITLE NAME AYLWIN, ROBERT NAME STREET ADDRESS 4085 HANCOCK PKWY, N. STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33903 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP-CITY-ST-7IP ☐ Delete TITLE `f=1•Change ~ - - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied win this filling 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 suppremental 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 of trusteer infowered 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

UNIT GNATURE AND T RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition

FILED

Ht tachment 479469 To whom it may concern- # poloooo 69 450 Il was advised to write the letter after Calling your help line (1888 850 - 488 - 9000) il opened for business on DEC 3, 2001 but never recieved an VBR filing report. Ian Very sony, but as my past record with bilings of all sorts I have been on time. Upust didn't recieve it. Il sincerly hope that the late feel can be warred. There were other tems that il havent received over the Cast few months. (Gasbill, waterbilletc) ce believe i+is because my address was being presented as 4085 Hancockbridge PKWY, N. Ft myers FLA. But in several cases my unit # which is #119 was not included. I'made the correction on this report. you - Il would have immediatly filed had I Known. Thank you -POBERT AY COUNTY OWNER Send a check for 150.00 and wait for your response. 'Thank pru