

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90048 030 ***158.75

DOCUMENT # P01000069906

1. Entity Name
CRONE, INC.



Principal Place of Business
**9824 KAMENA CIRCLE
BOYNTON BEACH FL 33436
US**

Mailing Address
**1472 N HOMESTEAD BLVD
SUITE #2
HOMESTEAD FL 33030
US**

2. Principal Place of Business
1490 W 49 Place #570B
Suite, Apt. #, etc.
#570B

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State

4. FEI Number **65-1124673**

Applied For
Not Applicable

Zip
33012

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**SPAULDING, CHRIS B
1472 N HOMESTEAD BLVD
SUITE #2
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BRACHE, DAVE
15813 NW 16 CT
PEMBROKE PINES FL 33028** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SPAULDING, CHRIS B
27805 SW 164 CT
HOMESTEAD FL 33030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Spaulding, Chris B.
27805 SW 164 Ct
Homestead, FL 33031** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARRERA, DAVID
9850 NW 2 STREET
PLANTATION FL 33324** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CEREJO, LALY
9824 KAMENA CIRCLE
BOYNTON BEACH FL 33436** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, RAFAEL
402 GRAN USUBO CIUDAD JARDIN III
TOA ALTA PUERTO RICO PR 00953** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Cereijo, Vicente
9824 Kamena Circle
Boynton Beach, FL 33436** ☐ Change ☒ Addition

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:

SIGNATURE REQUIRED

Chris B. Spaulding 1/7/03 305-632-5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)