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

FILED May 20, 2003 8:00 am Secretary of State

DOCUMENT # P01000086817 1. Entity Name CRESTWOOD SETTLEMENT CORP.								05-20-2003 90068 049 ***150.00			
Principal Place of Business 4347 RADCLIFFE ORIVE PALM HARBOR FL 34685				Mailing Address 4347 RADCLIFFE DRIVE PALM HARBOR FL 34685				3013680Z			
2. Principal P	Place of Busin	ness	3. Ma	3. Mailing Address				- I INDIADRI UR DATUL INDIL BALLI BALLI BALLI BALLI BALLI BALLI BALLI BALLI KORLI KORLI KORLI KORLI KORLI KORL -			
Suite, Apt. #, etc.			Sui	Suite, Apt, #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. f	59-3747040	· -	Applied For Not Applicable	}
Zip Country		Zip	Zip Cour		ntry	5. Certificate of Status Desired		\$8.75 Ad Fee Requir	5 Additional lequired		
	6. Name	and Address of Curren	t Register	ed Agent		Name	7. 1	lame and Address of New Register	nd Agent]-
BORG, RO	ONALD	. —— — — — — —————————————————————————	<u></u>				<u> </u>			<u> </u>	<u>-</u> =
4347 RADCLIFFE DRIVE PALM HARBOR FL 34685						Street Address	(P.O. B	ox Number is Not Acceptable)	· <u></u>		-
TALM IN	noon FE a	1000				Citŷ			Zip Co	de	1
SIGNATURE FI	ILE NOW!	or printed name of registared ager 11 FEE IS \$150.00 13 Fee will be \$550.00 15 Florida Department	of State			d Agent signature require		Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be	
10.		OFFICERS AND	DIRECTO		11.		ADI	DITIONS/CHANGES TO OFFICERS A			۽ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Borg, Ro 4347 RAD Palm Ha	ONALD CLIFFE DRIVE RBOR FL 34685		☐ Delate		1			Change	☐ Addition	10/04/ /30/04
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Delate			<u>-</u> "		Change	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Detete		í (☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby Co	ertify that the	information supplied wit	this filing	Delete Delete	CITY-	ET ADDRESS ST-ZIP	ection 1	19.07(3)(i), Florida Statules, I further o	Change certify that the in	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or hip erceiver 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 eltachment with an address, with all other like empowered.

SIGNATURE: 💄

MATURE REQUESTED BOAC SIGNATURE AND TYPED OF PRINTED PURSUES OF SUCKING OF FICER OR DIRECTOR

361-1000 727-843-006