## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05 HVA 31 VH 10: 38 **DOCUMENT # P01000109001** 1. Entity Name FIRST CRIMEA CAPITAL CORPORATION DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business P.O. BOX 159 6050 E. HWY 326 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable 59-3753318 SILVER SPRINGS. FL SILVER SPRINGS, FL \$8.75 Additional MARION Zip 34489 5. Certificate of Status Desired Country Zip MARION 7. Name and Address of Current Registered Agent 3,4433 KING, W. HOUSTON DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 6050 E. HWY. 326 IN THIS SPACE Zip Code City SILVER SPRINGS 34488 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 W. Houston King W. Houston King W. Houston King W. Houston King (NOW Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 П Added to Fees Trust Fund Contribution. Amended UBR is \$61.25 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS CR2E034B (12/01) 11. TITLE D NAME NAME Adrian King STREET ADDRESS STREET ADDRESS 6050 E. Hwy 326 CITY-ST-ZIP Silver Springs, FL. 34489 CITY-ST-ZIP TITLE NAME Andria King NAME STREET ADDRESS 6050 E. Hwy 326 Silver Springs, STREET ADDRESS CITY-ST-ZIP FL. 34488 CITY-ST-ZIP TITLE TITLE Andria King NAME DO NOT WRITE STREET ADDRESS 6050 E. Hwy 326 STREET ADDRESS CITY-ST-ZIP Silver Springs, FL34488 CITY-ST-ZIP IN THIS SPACE TITLE TITLE Adrian King NAME NAME 6050 E. Hwy 326 STREET ADDRESS STREET ADDRESS Silver Springs, FL.34488 CITY-ST-7IP CITY-ST-ZIP 600005765286-TITLE TITLE NAME -06/13/02--01034--012 NAME STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered. 5/23/02 352-236-1669 Dayline Phone A SIGNATURE: NG OFFICER OR DIRECTOR

## First Crimea Capital Corporation P.O. Box 159 Silver Springs, Florida 34489

May 23, 2002

To Whom It May Concern:

We did not receive A UNIFORM BUSINESS REPORT, so I call your office and was told to download the report from the internet and complete it. We were told to send it with the \$150.00 annual fee and a letter requesting for the late fee to be waived because we did not receive the original report by mail. So we ask the State to please wave this late fee. Thank you very much.

Sincerely,

W Houston King