2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000120166



Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90183 008 ***158.75

CREW VI	SION INC.	_					012320033	0105 000	150.	, 3	
Principal Place of Business 320 NORTHWEST 115TH WAY CORAL SPRINGS FL 33071			Mailing Address 320 NORTHWEST 115TH WAY CORAL SPRINGS FL 33071			1 1 11 11 11 11	 1 1818 1881 1818				
2. Principal Place of Business 1440 Coral Ridge Dr			3. Mailing Address 1440 Coral Rodge Dr								
Suite, Apt. #, etc. # 365			Suite, Apt. #, etc. # 204			CHECK HERE IF MAKING CHANGES					
Coral Springs FL			Coral Springs, FL			4. FEI Number Applied For Not Applicable					
330	71 USA		Zip 33071	USA		5. Certificate of S		Fee	.75 Add Required		
	6. Name and Address	Name									
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					Street Address (P.O. Box Number is Not Acceptable) 1440 Corol Ridge Dr., # 365						
4TH FLOOR							isage		<u> </u>		
MIAMI FL 33145					city Coral Springs FL 33071						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both with the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Branch W Okus Signature, typed or printed reme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) A/23/03 DATE											
Afte	ILE NOW!!! FEE IS \$1 May 1, 2003 Fee will be	-		n Campaign Fina und Contribution	• –		May Be to Fees				
Make Cineck Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11						•		_			
TITLE	PSTD	JERS AND DIREC	Delete	11.	Bro	ADDITIONS/CH	Vilkus		Change	Addition	
NAME STREET ADDRESS	Wilkus, Brad J 320 Northwest 1151	Ή WAY		name Street address	144	o Cora	Ridge	Dr, t	\$ 36	5	
CITY-ST-ZIP	CORAL SPRINGS FL 33			CITY-ST-ZIP	Cor		& Spr	ings F	L 33	3071	
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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: