2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOOOOOOOO



FILED
Mar 17, 2003 8:00 am
Secretary of State

1. Entity Name CRN INC					03-17-2003 90709 040 ***150.00				
Principal Place of Business 2578 ENTERPRISE ROAD #323 ORANGE CITY FL 32763			Mailing Address 2578 ENTERPRISE ROAD #323 ORANGE CITY FL 32763						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			### ##################################) ((891 6)() 30	101 1611 1901	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State	,	City & State	City & State		4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
<u> </u>	6. Name and Address of Curr	ent Registered Agent	Registered Agent		7. Name and Address of New Registered Agent				
O. Hallio and Address of California			1	Name		<u> </u>			
MARTN, KI	ENNETH		Street Address		(P.O. Box Number is Not Acceptable)				
	RPRISE ROAD #323		Street Address		O. BOX Notificer is not A				
ORANGE CITY FL 32763			Γ						
0101102			City			FL Zip Code			
the obligation	named entity submits this stateme ons of registered agent.	50 May	A	office or register		State of Florida. I am fan	niliar with, a	ind accept	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departmet	.00	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS A	AND DIRECTORS	11.	per .	ADDITIONS/CHANGE	S TO OFFICERS AND D			
TITLE NAME • STREET ADDRESS CITY-ST-ZIP	D MARTIN, KENNETH 2578 ENTERPRISE ROAD #3 ORANGE CITY FL 32763	□ Delete	TITLE NAME STREET A CITY-ST		-indovists : 6 Enterprise A	50591 1. 4323 32763		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST			[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET / CITY-ST	ADORESS - ZIP		[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.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Daytime Phone #

Change

☐ Change

CR2E034 (10/02)

Addition

☐ Addition