

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90135 016 ***150.00

DOCUMENT # P02000033192

1. Entity Name
CROWN CAPITAL MANAGEMENT, INC.



Principal Place of Business

**4104 W. CARMEN STREET
TAMPA FL 33601**

Mailing Address

**4104 W. CARMEN STREET
TAMPA FL 33601**

00010000



2. Principal Place of Business

3202 W. PAUL AVE

Suite, Apt. #, etc.

3. Mailing Address

3202 W. PAUL AVE.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

01-0614318

☒ Applied For

☐ Not Applicable

Zip

33611

Country

USA

Zip

33611

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRAIG, TIMOTHY A
4104 W. CARMEN STREET
TAMPA FL 33601**

← CHANGE ADDRESS →

7. Name and Address of New Registered Agent

Name **TIMOTHY A. CRAIG**

Street Address (P.O. Box Number is Not Acceptable)

3202 W. PAUL AVE

City **TAMPA**

FL

Zip Code **33611**

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

TIMOTHY A. CRAIG 1/7/03

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

TITLE **D** ☐ Delete
NAME **CRAIG, TIMOTHY A**
STREET ADDRESS **4104 W. CARMEN STREET**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
NAME **SADIGHI, AMIR A**
STREET ADDRESS **706 S. BREVARD AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **CRAIG, TIMOTHY A.**
STREET ADDRESS **3202 W PAUL AVE**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **D** ☒ Change ☐ Addition
NAME **SADIGHI, AMIR A**
STREET ADDRESS **2918 W. WINTHROP RD**
CITY-ST-ZIP **TAMPA, FL 33611**

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

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

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

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

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 TIMOTHY A. CRAIG 1/7/03 813 835-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)