2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91879 037 ***150.00

DOCUMENT # **P02000055128**

1. Entity Name
KEVIN FBO CROWN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1845 GLENCREST DRIVE HEATHROW, FL 32746	1845 GLENCREST DRIVE HEATHROW, FL 32746

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PO BOX 952122	PO BOX 952122-2122
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY, FL.	City & State: LAKE MARY, FL.
Zip: 32795 Country: SEMINOLE	Zip: 32795 Country: SEMINOLE

4. FEI Number 36-4497006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, JOHN G
800 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name KEVIN LOCKHART
Street Address (P.O. Box Number is Not Acceptable) 600 LK MARKHAM RD.
~~P.O. BOX 952122~~ 32771
City ~~LAKE MARY~~ SANFORD FL Zip Code ~~32795-2122~~

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 ______ 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PV LOCKHART, KEVIN M 1845 GLENCREST DRIVE HEATHROW, FL 32746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LOCKHART, KEVIN M P.O. BOX 952122 LAKE MARY, FL. 32795-2122 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______ 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #