2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000064506 DOCUMENT

1. Entity Name

CRESCENT OAKS, INC.



ILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90488 043 ***150.00 ₹

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| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAME SIREET ADDRESS OUTY-ST-2P TITLE MAME SIREET ADDRESS OUTY-ST-2P MAME SIREET | | | | | | | | | | | | | | | |
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| Suits, Apt. #, etc. Skide, Apt. #, etc. Skide, Apt. #, etc. City & Skide Application Check Here if MAKING CHANGES Zip Country Zip Country S. Cartification of Status Desired San Application San Applicatio | 205 RIDGEWOO | RIDGEWOOD AVE 205 RIDGEWOOD AVE | | | | | | | | | | | | | |
| City & State Country Zo | 2. Principal Plac | . Principal Place of Business 3. Mailing Address | | | | | | | | | | | DEKIT EBILI BEKIT | ALIEL alie l bieli i | |
| Application | Suite, Apt. #, etc. Suite, A | | | | | | iuite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| 6. Name and Address of Current Registered Agent Steel Address (P.O. Box Number is Not Acceptable) | City & State | State City & State | | | | | | | A | | | | | <u> </u> | • |
| BELL, STEPHEN R 205 RIDGEWOOD AVE CLEWISTON FL 33440 City FL Zip Code Code to Fees Code to | Zip | Country Zip Co | | | | | | | | | _5. (| Certificate of Status Desired | | | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | 6. Name and Address of Current Registered Agent | | | | | | | | | | 7. N | Name and Address of New | Registered A | lgent | |
| 205 RIDGEWOOD AVE CLEWISTON FL 33440 City FL Zip Code 8. The above named antity 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 saren or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State | • | | | | | | - | | Name | | | | | | |
| City FL Zip Code | BELL, STEF | PHEN R | | | | | | | Stroot Ac | droce (| 9 | Poy Number is Not Assentab | (a) | | |
| E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the octigations of registered agent. City FL Zip Code | 205 RIDGEWOOD AVE | | | | | | | | Street Ac | - CC-0101 | r.o. u | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, types or pirmes name of registered agent. Signature, types or pirmes name of registered agent. | CLEWISTON PL 33440 | | | | | | | | City | | | | FL | Zip Cod | e . |
| THE COLIQUIATIONS of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ITILE NAME STREET ADDRESS CITY-ST-2P TITLE C Change Addition Addition STREET ADDRESS CITY-ST-2P TITLE C Change Addition STREET ADDRESS CITY-ST-2P TITLE C | P. The above a | omed antitu | aubmita t | hin atatama | nt for the r | numa | so of changing its | rogintore | d office or | rogietor | od ag | rent or both in the State of F | | iamiliar with | and accent |
| Spinsare_types or primete name of registered agent and side if expicisions. PLE NOW!!! FEE IS \$150.00 | | | | | ant for the p | puipo | se or changing its | registere | a onice or | register | cu ayı | gent, or both, in the state of t | ionaa. Tairi | carranear with, | and decept |
| After May 1, 2003 Fee will be \$550.00 Alter May 1, 2003 Fee will be \$550.00 Added to Fees Added to Fee | SIGNATURE | gnature, typed o | or printed nam | e of registered : | agent and title | if applic | cable. (NOTE | : Registered | 1 Agent signatur | e required | l when re | einstating) | DATE | | |
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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 | CITY-ST-ZIP | | | | | | | | 1 | | | | | | |
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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:

Stephen R. Bell