

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90137 049 ***150.00

DOCUMENT # P02000094081

1. Entity Name
KROWNE INC



Principal Place of Business
**13001 FOUNDERS SQUARE DR.
SUITE 200
ORLANDO FL 32828**

Mailing Address
**PO BOX 780609
ORLANDO FL 32878**

90012352



2. Principal Place of Business
3855 Avalon Park East Blvd

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number
43-1972143

Applied For
Not Applicable

Zip
32828

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWNE, DANIEL W
1301 FOUNDERS SQUARE DR
ORLANDO FL 32828**

Name
Browne, Daniel W.
Street Address (P.O. Box Number is Not Acceptable)
3855 Avalon Park East Blvd
City
Orlando FL Zip Code
32828

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

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 **P** ☐ Delete
NAME **KRATZER, CHRISTIAN J**
STREET ADDRESS **1619 DRUID DR**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **VP** ☐ Delete
NAME **BROWNE, DANIEL W**
STREET ADDRESS **215 PRAIRIE DUNE WAY**
CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE **SEC** ☐ Delete
NAME **SOULE, MARTY**
STREET ADDRESS **1619 DRUID DR.**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

407-823-8855

Daytime Phone #

CR2E034 (10/02)