

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90293 028 ***150.00

0426578 AV

DOCUMENT # P02000106777

1. Entity Name
CROWN CUSTOM PAINTING, INC.



Principal Place of Business
366 ELM AVE
TEQUESTA FL 33469

Mailing Address
366 ELM AVE
TEQUESTA FL 33469

2. Principal Place of Business
5589 Eagle Lake Dr.
Suite, Apt. #, etc.

3. Mailing Address
5589 Eagle Lake Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL
Zip
33418
Country
Palm Beach

City & State
Palm Bch. Gardens, FL
Zip
33418
Country
Palm Beach

4. FEI Number
06-1641264

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, JASON C
366 ELM AVE
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	D KING, JASON C 366 ELM AVE TEQUESTA FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, NICOLE M 366 ELM AVE TEQUESTA FL 33469	<input type="checkbox"/> Delete
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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 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: **J. Gary King**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 (561) 262-7718
Date Daytime Phone #

CR2E034 (10/02)