

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-29-2003 90070 008 ***150.00

DOCUMENT # **P02000107842**

1. Entity Name

Crown Pool Cleaning, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4757 Empire Ave

3. Mailing Address

PO Box 5517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, FL

4. FEI Number

52-2386590

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32247-5517

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Bradley J. Correia

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

4757 Empire Avenue

City

Jacksonville

FL

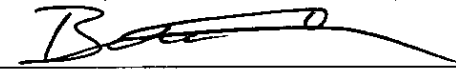
Zip Code

32207

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IN THIS SPACE**

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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-03

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **Owner President**
NAME **Brad Correia**
STREET ADDRESS **4757 Empire Ave**
CITY-ST-ZIP **Jacksonville, Florida 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President; Secretary**
NAME **Diana Kelley**
STREET ADDRESS **4757 Empire Avenue**
CITY-ST-ZIP **Jacksonville, Florida 32207**

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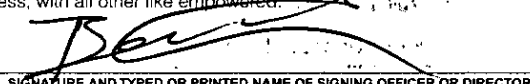
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03

Date

904-759-1770

Daytime Phone #

CR2E034B (12/01)