

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90181 030 \*\*\*150.00

**DOCUMENT # P02000118821**

**1. Entity Name**  
**CROWN HOME INVESTMENTS, INC.**



**Principal Place of Business**  
**7061 GRAND NATIONAL DR STE 119**  
**ORLANDO FL 32819-0020**

**Mailing Address**  
**7061 GRAND NATIONAL DR STE 119**  
**ORLANDO FL 32819-0020**

**2. Principal Place of Business**

*Same*

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

*Same*

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

*13-4227820*

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARIN, LUZ E**

**5655 OAK HILL MANOR DR**

**ORLANDO FL 32839**

**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**

*Luz E Marin*

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

(NOTE: Registered Agent signature required when reinstating)

*4/15/03*

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**

**TITLE** ☐ Delete  
**NAME** **MARIN, LUZ E**  
**STREET ADDRESS** **5655 OAK HILL MANOR DR**  
**CITY-ST-ZIP** **ORLANDO FL 32839**

**TITLE** ☐ Delete  
**NAME** **D GARCIA, JOSE C**  
**STREET ADDRESS** **3010 LAZLO LN**  
**CITY-ST-ZIP** **ORLANDO FL 32837**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Luz E Marin*

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*4/15/03* *407 777 4408*

Date

Daytime Phone #

CR2E034 (10/02)