

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19190

1. Entity Name

CROWN AGENTS SERVICES LIMITED INCORPORATED

Principal Place of Business

ST. NICHOLAS HOUSE. ST. NICHOLAS RD.  
SUTTON. SURREY SM1 1EL  
ENGLAND

Mailing Address

901 PONCE DE LEON BLVD  
STE. 203  
CORAL GABLES FL 33134-3073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1190131

Applied For  
Not Applicable

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

ANDREWS, GLORIA  
901 PONCE DE LEON BLVD  
SUITE 203  
CORAL GABLES FL 33134-3073

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME KNAPTON, LINDA J  
STREET ADDRESS ST. NICHOLAS HOUSE, ST. NICHOLAS RD.  
CITY-ST-ZIP ENGLAND ☐ Delete

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

TITLE S  
NAME KENT, HEATHER ANN  
STREET ADDRESS ST. NICHOLAS HOUSE  
CITY-ST-ZIP SUTTON, SURREY ☐ Delete

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

TITLE D  
NAME JAMIESON, DAVID GEORGE  
STREET ADDRESS ST. NICHOLAS HOUSE  
CITY-ST-ZIP SUTTON, SURREY ☐ Delete

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

TITLE CD  
NAME BERRY, PETER FREMANTLE  
STREET ADDRESS ST. NICHOLAS HOUSE  
CITY-ST-ZIP SUTTON, SURREY ☐ Delete

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

TITLE D  
NAME GODLEY, GRAHAM RONALD  
STREET ADDRESS ST NICHOLAS HOUSE ST NICHOLAS ROAD  
CITY-ST-ZIP SUTTON SURREY SM ☐ Delete

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

TITLE D  
NAME WARREN, RACHEL E  
STREET ADDRESS ST NICHOLAS HOUSE, ST NICHOLAS ROAD  
CITY-ST-ZIP SUTTON SU ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heather Kent HEATHER KENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 JAN 2001 +44 20 8710 6304

Date Daytime Phone #

CR2E034 (10/00)

0164543

FILED  
Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90079 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE