2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 ams Secretary of State **DOCUMENT #** P33787 1. Entity Name 05-07-2002 90364 010 ***150.00 CRSTN, INC. Principal Place of Business Mailing Address 2783 CAPITAL CIRCLE N.E. P.O. BOX 1265 #B TAVARES FL 32778-1265 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3062476 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) ------1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City 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 Sig4ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change SCHAEFFER, ROBERT J. NAME STREET ADDRESS 4984 NO. UNIVERSITY DR. STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Zehner, robert P. NAME STREET ADDRESS 4984 NO. UNIVERSITY DR. STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME . --- -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 attachmer ith an address with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

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