2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300001 1. Entity Name THE DAVID CRANE AGENCY, INC.			FILED May 03, 2001 8:00 an Secretary of State 04-11-2001 90100 044 ***150.00
	Mailing Address 505 RIVERSIDE DRIVE ORMOND BEACH FL 32176		
124 Ammons Dr. Suite, Apt. #, etc.	3. Mailing Address 124 Am) Suite, Apt. #, etc.	mons Dr.	DO NOT WRITE IN THIS SPACE
City & State	City & State	NC	4. FEI Number 59-3179238 Applied For
27615 Country SA	Raleish, 27615	Country S A	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
CRANE, DAVID H 505 RIVERSIDE DRIVE ORMOND BEACH FL 32176		Street Address	ss (P.O. Box Number is Not Acceptable) Zin Code
8. The above named entity submits this statement for the	e purpose of changing its	632F1 @	
SIGNATURE Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!	E: Registered Agent signature requires III FEE IS \$150.00 01 Fee will be \$550.00 ble to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11. OFFICERS AND DIE		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D CRANE, DAVID H STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition
TITLE D CRANE, BARBARA H STREET ADDRESS 505 RIVERSIDE DRIVE	⊠ Delete	TITLE NAME STREET ADDRESS	□ Change □ Addition B
CITY-ST-ZIP ORMOND BEACH FL 32176 TITLE NAME SWIENCKOWSKI, Ster 124 Ammons Driv	len B. Defete	CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DIRECTOR TYONGSUN STREET ADDRESS 124 Ammons Drie	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP Raleigh, NC 2: TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dolde	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
13. I hereby certify that the information supplied with this	e and accurate and that re red to execute this report	ny signature shall have the as required by Chapter 60	Section 119.07(3)(I), Florida Statutes. I further certify that the information se same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if