## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P93000046662** CROWNGAP KISSIMMEE, INC. 03-21-2000 90026 028 \*\*\*150.00 Mailing Address Principal Place of Business 1916 BOOTHE CIRCLE 1916 BOOTHE CIRCLE LONGWOOD FL 32750-6774 LONGWOOD FL 32750 627273 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0462476 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 É VIRGINIA ST SUITE 1 TALLAHASSEE FL 32301 Zin 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 XX 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After M/X 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITI E TITLE PD ☐ Delete NAME NAME TYE, ARTHUR D STREET ADDRESS STREET ADDRESS 1916 BOOTHE CIRCLE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Addition Change TITLE Delete TITLE Clifton Decker 1916 Boothe Circle Longwood, FL 32750 WILSON, ROBIN C NAME NAME STREET ADDRESS STREET ADDRESS 1916 BOOTHE CIRCLE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Arthur Tye 3/16/00

ME OF SIGNING OFFICER OR DIRECTOR

Date