

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90015 042 ***150.00

DOCUMENT # P93000076463

1. Entity Name

CROMWELL ENTERPRISES, INC.

Principal Place of Business

2049 HOUNDSLAK DR.
 WINTER PARK FL 32792

Mailing Address

2049 HOUNDSLAK DR.
 WINTER PARK FL 32792

2. Principal Place of Business

677 Wishaw Lane
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 953158
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Springs, Fla
 Zip Country

City & State

Lake Mary, Fla
 Zip Country

4. FEI Number

59-3235686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CROMWELL, JOHN B JR.
2049 HOUNDSLAK DR.
WINTER PARK FL 32792

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.

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

TITLE **D** ☐ Delete

NAME **CROMWELL, JOHN B JR.**
 STREET ADDRESS **2049 HOUNDSLAK DR.**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☐ Delete

NAME **CROMWELL, CHRISTINA L**
 STREET ADDRESS **2049 HOUNDSLAK DR**
 CITY-ST-ZIP **WINTER PARK FL-32792**

TITLE **V** ☐ Delete

NAME **CROMWELL, JOHN B SR**
 STREET ADDRESS **2049 HOUNDSLAK DR**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **677 Wishaw Lane**
 STREET ADDRESS **Winter Springs, Fla**
 CITY-ST-ZIP **32708**

TITLE ☒ Change ☐ Addition

NAME **677 Wishaw Lane**
 STREET ADDRESS **Winter Springs, Fla**
 CITY-ST-ZIP **32708**

TITLE ☒ Change ☐ Addition

NAME **842 Dunbar Dr.**
 STREET ADDRESS **Winter Springs, Fla**
 CITY-ST-ZIP **32708**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0058823