

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 2

06-13-2000 90005 041 ***150.00
P94000010439

DOCUMENT # P94000010439

1. Entity Name

CROWN COMPUTER SYSTEMS, INC.

FILED

00 JUN 28 PM 12: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4501 SOUTHWEST 32ND PLACE
OCALA FL 34478

Mailing Address

P.O. BOX 5772
OCALA FL 34478-5772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3224026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEYERS, LINDA S
4501 SOUTHWEST 32ND PLACE
OCALA FL 34478

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEYERS, LINDA S. 4510 SW 32 PL OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

6/10/2000

Date

332-854-6000

Daytime Phone #

CR2003 1/10/00

Pg 2 of 2

Crown Computer Systems

COMPUTER SOLUTIONS FOR YOUR BUSINESS
POST OFFICE BOX 5182 OCALA, FLORIDA 34478
(352) 854-6800



June 27, 2000

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Crown Computer Systems Inc.

Reference Number: P94000010439

Gentlemen:

I would appreciate it if you would waive the \$400.00 Late Fee. I definitely was late with the form but I can only attribute that to the fact that I have been recuperating from a Cancer operation where they removed a third of my right lung. I realize that that is not excuse, but if you check our previous record you will see that the forms were always filed in a timely fashion.

Thank you for your kind consideration.

Very truly yours,

A handwritten signature in cursive script that reads "Howard A. Meyers".

Howard A. Meyers
Manager