

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020962

1. Entity Name  
CROWN COLLECTION AUTO BROKERS, INC.

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90047 042 \*\*\*550.00

000  
AV 210/800

Principal Place of Business  
4812 N CHURCH AVE  
TAMPA FL 33614  
US

Mailing Address  
4812 N CHURCH AVE  
TAMPA FL 33614  
US

2. Principal Place of Business  
3837 NORTHDAL BLVD  
Suite, Apt. #, etc.  
PMB 299  
City & State  
TAMPA FL  
Zip  
33624  
Country  
HILLSBOROUGH

3. Mailing Address  
2608 HEATHERWOOD DR  
Suite, Apt. #, etc.  
City & State  
TAMPA FL  
Zip  
33618  
Country  
HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3235681  
Applied For  
Not Applicable

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

ZAS, BRUCE  
4812 N CHURCH AVE  
TAMPA FL 33614

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAS, BRUCE M 4812 N CHURCH AVE TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAS, MELISSA P 4812 N CHURCH AVE TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2608 Heatherwood Dr Tampa FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2608 Heatherwood Dr Tampa FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (5/01)

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 REQUIRED

9-10-01

Date Daytime Phone #

Attachment D# P94000020962

C0076559

Dear Sirs;

*In good faith I am sending you the full amount that is due at this time. However, I hope you can make note that I indeed had an address change and this has made my mail be delayed. I am sending you a copy to show you I did not receive the statement until the month of July. Enclosed is a copy. If you see fit for a refund it would be greatly appreciated.*

*Sincerely,  
Bruce Zas*