

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038695

1. Entity Name
TWH CROWNN ENTERPRISES, INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90020 034 ***158.75

Principal Place of Business 3491 7TH AVE NW NAPLES FL 33964 US	Mailing Address 14745 PINE KNOLLS LANE RENO NV 89511 US
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2. Principal Place of Business 3491 7th Ave NW Suite, Apt. #, etc.	3. Mailing Address 14745 Pine Knolls Ln Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State Reno NV
Zip 33964	Country U.S.A.
Zip 89511	Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0486015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HALL, TYLER W P
3491 7TH AVE N.W.
NAPLES FL 33964

7. Name and Address of New Registered Agent
Name
HALL, Tyler W P
Street Address (P.O. Box Number is Not Acceptable)
3491 7th Ave N.W.
City
Naples FL Zip Code
33964

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 Tyler W P Hall (NOTE: Registered Agent signature required when reinstating) DATE 2/6/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, TYLER W 14745 PINE KNOLLS LANE RENO NV 89511 <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	P HALL, TYLER W 3491 7TH AVE NW NAPLES FL 33964 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Tyler W P Hall DATE 2/6/01 775 853 9009 Daytime Phone #

CR2E034 (10/00)