2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400054035

1. Entity Name

CROWLEY & COMPANY ADVERTISING, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90115 037 ***150.00

				AND THE STATE OF T					
Principal Place of Business 2416 NO. ESSEX AVENUE HERNANDO FL 34442		Mailing Address 2416 NO. ESSEX AVENUE HERNANDO FL 34442							
2. Principal Pla	ace of Business	3. Mailing Address				} 001 005 10 01 #1 11 6 11 4 11	BOILL OPINE BISE	1 Billii deina tit	IBI BIII IBDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. F	El Number 59-3259688		Not	Applicable
Zip	Country	Zip	Cou	-	•	Certificate of Status Desired	L F	8.75 Addit ee Required	
	6. Name and Address of Current	Registered Agent		_ سنے ہے ہ کست یہ	7N	ame and Address of New Ro	egistered Ag	ent	
				Name					
	, ROBERT P		Street Address			(P.O. Box Number is Not Acceptable)			
2416 N ES									
HERNANDO FL 34442				City	·		FL	Zip Code	
			.,	1		the State of Ele		miliar with a	and accept
8. The above the obligati	named entity submits this statement for one of registered agent.	or the purpose of cl	nanging its registe	ered office or regis	tered age	ent, or both, in the state of hio	nda. Tani id	man war e	
SIGNATURE -	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registe	ired Agent signature requ	ired when re	instating)	DATE		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	,				 Election Campaign Fir Trust Fund Contributio 			May Be to Fees
Attel	r May 1, 2003 Fee will be \$550.00 (Payable to Florida Department)	of State				Irust Fund Contributio	п. —	Added	
	OFFICERS AND		11		AC	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
10.	PTD		Delete TI	TLE				☐ Change	Addition
TITLE NAME	CROWLEY, ROBERT P	_		AME					ļ
STREET ADDRESS	1641 E. WESTGATE LANE		, S1	TREET ADDRESS					
CITY-ST-ZIP	HERNANDO FL		CI	TY-ST-ZIP					
TITLE	VD		Delete Ti	TLE				Change	Addition 1
NAME	DAVIDSON, JOANNE F			AME					
STREET ADDRESS	8751 N AMBOY			TREET ADDRESS				• *	
CITY-ST-ZIP	DUNNELLON FL		C	ITY-ST-ZIP				Change _	Addition
TITLE	D	.= ; = 🗌	Doloto	ITLE		. State of the first	والمحتاة مند		
NAME	CROWLEY, EILEEN M			AME					
STREET ADDRESS	1641 EAST WESTGATE LANE			TREET ADDRESS					
CITY-ST-ZIP	HERNANDO FL 34442							Change	Addition
TITLE	VSD		Donote	ITLE IAME .					
NAME	SAYADOFF, KATHLEEN A			TREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1028 N CHANCE WAY INVERNESS FL			CITY-ST-ZIP			_		
	HAAFUMFOO I F		Delete T	TITLE				Change	Addition
TITLE				IAME					
NAME STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP			C	CITY-ST-ZIP					
		Г	Delete 1	TITLE		•	. =	Change	Addition
TITLE NAME	20			NAME		ague a terre o	-, -		
STREET ADDRESS				STREET ADDRESS					
	1		• •	PITV_ST_7IP					

12. Thereby 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 type 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 it sie empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIEMATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 3/3/0</u>

352-527-0005 Daytime Phone # CR2E034 (10/02)