

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90070 043 ***150.00

DOCUMENT # P94000061673

1. Entity Name

CROWN MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

**8201 N WICKHAM RD
MELBOURNE FL 32940
US**

**1041 ROYAL OAK CT.
MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3262694

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

**WALLIS, MICHEAL M
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32901**

Name

John L. Soileau

Street Address (P.O. Box Number is Not Acceptable)

1970 Michisan Ave Blvd C

City

Cocoa

FL

Zip Code

32922

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.

JOHN L. SOILEAU

(NOTE: Registered Agent signature required when reinstating)

2/6/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PT**
STREET ADDRESS **BRADY, DENNIS S**
CITY-ST-ZIP **1041 ROYAL OAK CT.
MELBOURNE FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KEMPTON, GREG**
CITY-ST-ZIP **4530 LENNOX BLVD.
NEW ORLEANS FL 70131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DUNNICAN, ROBERT G**
CITY-ST-ZIP **4112 ROYAL OAK DR
NORTH LITTLE ROCK AR 72116**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4112 Royal Oak Dr.**
CITY-ST-ZIP **N. Little Rock, Ar 72116**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SIMMERMON, ROBERT W**
CITY-ST-ZIP **2267 WESTMINSTER TERRACE
OVIEDO FL 32765**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1321 Augusta National Blvd.**
CITY-ST-ZIP **Winter Springs, Fl. 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Dennis S. Brady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/01

Daytime Phone #

321 253-1339

CR2E034 (10/00)