

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90836 030 \*\*\*150.00

**DOCUMENT # P95000011185**

1. Entity Name

**CROWN ACCOUNTING, INC.**

Principal Place of Business

**3631 TURTLE RUN BLVD  
#716  
CORAL SPRINGS FL 33067  
US**

Mailing Address

**3631 TURTLE RUN BLVD  
#716  
CORAL SPRINGS FL 33067  
US****548921**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**453 LAKEVIEW DR**

Suite, Apt. #, etc.

**CORAL SPRINGS, FL**

City &amp; State

**33071 BROWARD**

Zip

Country

3. Mailing Address

**453 LAKEVIEW DR**

Suite, Apt. #, etc.

**CORAL SPRINGS, FL**

City &amp; State

**33071 BROWARD**

Zip

Country

4. FEI Number **65-0561627**

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

**HOOD, LARRY J  
3631 TURTLE RUN BLVD  
#716  
CORAL SPRINGS FL 33067**

Name

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

**453 LAKEVIEW DR****CORAL SPRINGS,**

City

**FL**

Zip Code

**33071**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT LARRY J. HOOD 22341 SW 66TH AVE #1201 BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>453 LAKEVIEW DR CORAL SPRINGS, FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS JUNE HOOD 22341 SW 66TH AVE #1201 BOCA RATON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>453 LAKEVIEW DR CORAL SPRINGS, FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT HOOD, LARRY J 3631 TURTLE RUN BLVD #716 CORAL SPRINGS FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS HOOD, JUNE 3631 TURTLE RUN BLVD #716 CORAL SPRINGS FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>
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

**04/26/01 (954) 575-2265**  
Date Daytime Phone #

CR2E034 (10/00)