

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # P95000019230**

1. Entity Name

**CROWN GROUP REALTY INC.**

06-29-2001 90001 022 \*\*\*150.00  
 07-18-2001 90257 041 \*\*\*400.00

Principal Place of Business

916 2ND STREET NORTH  
 ST PETERSBURG FL 33701

Mailing Address

916 2ND STREET NORTH  
 ST PETERSBURG FL 33701

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State,

City & State

4. FEI Number **59-3304839**

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

**NUSSER, HAIKE**  
**916 2ND STREET NORTH**  
**ST PETERSBURG FL 33716**

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 \$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	<b>D</b> <b>NUSSER, HAIKE</b> <b>916 2ND STREET NORTH</b> <b>ST. PETERSBURG FL</b>	<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
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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

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

**6-25-01**

Date

Daytime Phone #

CR2E034 (10/00)

C R O W N  
GROUP REALTY INC.

Attachment  
#P95600019230

Adm910



To:  
Division of Corporations  
Uniform Business Report Filings

To Whom it may concern!


I am sorry to be late filing this report.

This report got mixed up with my tax documents and my accountant had it at her office, not knowing she had it.  
I did not know that this does not pertain to taxes.

Furthermore I have spend most of May and June in Germany, caring for my father, providing for him and finding him care.

May I please be exempt paying the additional fee, because of these circumstances.  
Please accept my apologies for the delay.

Sincerely;

  
Haike Nusser