

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90007 045 ***550.00

DOCUMENT # P95000049066

1. Entity Name
CROWN ENCLOSURES, INC.

Principal Place of Business
13120 MANDARIN DRIVE
JACKSONVILLE FL 32223

Mailing Address
13120 MANDARIN DRIVE
JACKSONVILLE FL 32223



2. Principal Place of Business
13114 MANDARIN RD.
 Suite, Apt. #, etc.

3. Mailing Address
13114 MANDARIN RD.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL
Zip 32223 **Country** USA

City & State
JACKSONVILLE, FL
Zip 32223 **Country** USA

4. FEI Number 59-3307782 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLETCHER, JENNIFER
13120 MANDARIN ROAD
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name GERARD MASTERS
Street Address (P.O. Box Number is Not Acceptable) 13114 MANDARIN RD.
City JACKSONVILLE **FL** **Zip Code** 32223

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 *Jennifer Fletcher* X *Gerard Masters* **9/10/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **PRESIDENT** **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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, JENNIFER M	
STREET ADDRESS	13120 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, WILLIAM D	
STREET ADDRESS	13120 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTERS, GERARD	
STREET ADDRESS	13114 MANDARIN RD.	
CITY-ST-ZIP	JAX, FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/10/01 **Daytime Phone #** 886-0026

CR2E034 (5/01)