

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90133 014 ***158.75

DOCUMENT # P95000049066

1. Entity Name
CROWN ENCLOSURES, INC.

Principal Place of Business
**13114 MANDARIN DRIVE
 JACKSONVILLE FL 32223**

Mailing Address
**13114 MANDARIN DRIVE
 JACKSONVILLE FL 32223**

2. Principal Place of Business

3. Mailing Address

2040 GROVE BLUFF RD., P.O. BOX 32231

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

4. FEI Number **59-3307782**

Applied For
 Not Applicable

Zip **32259**

Country **USA**

Zip **32237**

Country **USA**

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

**MASTERS, GERARD
 13114 MANDARIN ROAD
 JACKSONVILLE FL 32223**

Name **GERARD E. MASTERS**

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

2040 GROVE BLUFF RD.

City **JACKSONVILLE, FL** Zip Code **32259**

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] **2/6/02**

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, 2002 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 **P** ☐ Delete
 NAME **MASTERS, GERARD**
 STREET ADDRESS **13114 MANDARIN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **P** ☒ Change ☐ Addition
 NAME **MASTERS, GERARD** (ADDRESS ONLY)
 STREET ADDRESS **2040 GROVE BLUFF RD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 (904) 886-0026

Date

Daytime Phone #

CR2E034 (9/01)