2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000024602 **DOCUMENT #**

1. Entity Name

FLORIDA CROWN ARCHITECTS & ENGINEERS, P.A.



04-10-2003 90158 045 ***150.00

FILED									
r 10, 2003 8:00 am									
ecretary of State									

3600 VINELAND RD 3600 VINELAND RD STE 101 STE 101 ORLANDO FL 32811 ORLANDO FL 32811														
2. Principal P	flace of Business	3. Maili	3. Mailing Address				1 18	9861981 11 4 18 418 84111	O OTTE DONE OFFICE		11 01610 61 11			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				★ CHECK HERE IF MAKING CHANGES							
City & Stat	е	City & State					4. FEI Nur	mber 59-336	6419			pplied For lot Applicable		
Zip	Country	Zip Coun				!	5. Certific	cate of Status De	Sired		8.75 Ac	Iditional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
	·····	<u> </u>			Name									
Barker,	EARL M JR				Street Address (P.O. Box Number is Not Acceptable)									
	DUVAL STREET													
JACKSON	WILLE FL 32202											ŀ		
					City					FL	Zip Cod	de		
8. The above	named entity submits this statement fo	r the purpo	se of changing its	registere	ed office or	registered	agent, or	both, in the State	of Florida. I	am fan	ı.—. niliar with	, and accept		
the obligat	ions of registered agent.													
SIGNATURE .		-												
	Signature, typed or printed name of registered agent a	and title if appli	cable. (NOTE:	Registered	Agent signatu	re required who	en reinstating)) 		TE.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9.	Election Campa Trust Fund Cont	~ ~			00 May Be d to Fees		
10.	OFFICERS AND		RS	11.	***		ADDITION	NS/CHANGES T	O OFFICERS	AND D	RECTOR	RS IN 11		
TITLE	DP		☐ Delete	TITLE	:]						X Change	Addition		
NAME	WEBB, DANIEL B				:		V 773	1 3 D		. 10	1			
STREET ADDRESS CITY-ST-ZIP	200 EAST ROBINSON STREET # ORLANDO FL	£920					3600 Vineland Road, Suite 101 Orlando, FL 32811							
	DV			-	-ST-ZIP	OLIZ	indo,	JZ011	···-		7 Ch			
TITLE NAME	CARVER, ROBERT A		☐ Delete	TITLE						X	☐ Change	☐ Addition		
STREET ADDRESS	200 EAST ROBINSON STREET #	¥920		STRE	ET ADDRESS	3600) Vine	eland Roa	d, Suite	e 10	1			
CITY-ST-ZIP	ORLANDO FL			CITY	-ST-ZIP	Orla	ando,	FL 32811						
TITLE	DST		Delete	TITLE							Change	☐ Addition		
NAME STREET ADODESS	BARKER, EARL M JR			NAME										
STREET ADDRESS CITY-ST-ZIP	334 EAST DUVAL STREET JACKSONVILLE FL			•	ET ADDRESS -St-zip						•	1		
TITLE	VP		☐ Delete	TITLE					 -	r	Change	Addition		
NAME	LEONCIO, AVELINO R		Detecto	NAME						_	_ onungo			
STREET ADDRESS	1300 NW 167TH ST			STREE	ET ADDRESS							{		
CITY-ST-ZIP	MIAMI FL 33169			CITY-	ST-ZIP									
TITLE			☐ Delete	TITLE							Change	☐ Addition }		
NAME STREET ADDRESS				NAME	ET ADDRESS							}		
CITY-ST-ZIP					ST-ZIP									
TITLE			☐ Delete	TITLE		_ _				—] Change	Addition		
NAME			Duiote	NAME							_ v.iange	· .doi:ton		
STREET ADDRESS				STREE	T ADDRESS							ĺ		
CITY-ST-ZIP				CITY-	ST-ZIP									

12. 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 10 or Block 11 if changed, or on an attachment unity an address, with all other like empowered.

SIGNATURE:

SIGNATURE REGIONATION OFFICER OR DIRECTOR