2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90126 033 ***150.00

DOCUMENT # P96000081399

1. Entity Name

CROWNPOINT, INC.

Principal Place of Business	Mailing Address
~~600 N WESTSHORE BLVD~~ ~~SUITE 502~~ ~~TAMPA FL 33609~~	~~600 N WESTSHORE BLVD~~ ~~SUITE 502~~ ~~TAMPA FL 33609-1132~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9800 4th Street N		9800 4th street N	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: St. Petersburg, FL		City & State: St. Petersburg, FL	
Zip: 33702	Country: USA	Zip: 33702	Country: USA

4. FEI Number 59-3403486 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENG, HERBERT W
~~600 N WESTSHORE BLVD~~
~~SUITE 502~~
~~TAMPA FL 33609~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9800 4th Street N. Suite 100

City St. Petersburg FL Zip Code 33702

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 Herbert W. Eng President — 24 April 2000
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, 2000 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	PT ENG, HERBERT W 600 N WESTSHORE BLVD SUITE 502 TAMPA FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 9800 4th Street N Suite 100 St. Petersburg, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Herbert W. Eng — 24 April 2000 — 727. 217. 9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #