## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P.96000081399 1. Entity Name CROWNPOINT, INC. 04-27-2001 90405 022 \*\*\*150.00 Principal Place of Business Mailing Address 9800 41% STREET N 9800 4TH STREET, N SUITE 100 SAINT PETERSBURG FL 33702 SAINT RETERSBURG Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 000 4. FE! Number Applied For 59-3403486 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired JSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENG, HERBERT W 9800 4TH STREET N O. SUITE 100 SAINT PETERSBURG FL 33702 a 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITLE ENG. HERBERT W NAME NAME STREET ADDRESS 9800-4TH STREET N, SUITE 190 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT-PETERSBURG FL 33702 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: