

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91506 017 ***158.75

DOCUMENT # P96000099158

1. Entity Name
CROWN INTERNATIONAL, INC.

Principal Place of Business
270 NW 3RD CT
BOCA RATON FL 33432
US

Mailing Address
270 NW 3RD CT
BOCA RATON FL 33432
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 RICHMOND ST. WEST

3. Mailing Address
80 RICHMOND ST. WEST

Suite, Apt. #, etc.
1604

Suite, Apt. #, etc.
1604

City & State
TORONTO, ONTARIO

City & State
TORONTO, ONTARIO

Zip
M5H 2A4

Country
CANADA

Zip
M5H 2A4

Country
CANADA

4. FEI Number **65-0716874**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEWEES, LEDYARD
270 NW 3RD CT
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RISIDORE, GARY 270 NW 3RD CT. BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, ALEXANDER 270 NW 3RD COURT BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, ALAN 270 NW 3RD COURT BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RISIDORE, GARY 80 RICHMOND ST. WEST, #1604 TORONTO, ONTARIO M5H 2A4 CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, ALEXANDER 80 RICHMOND ST. WEST, #1604 TORONTO, ONTARIO M5H 2A4 CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, ALAN 80 RICHMOND ST. WEST, #1604 TORONTO, ONTARIO M5H 2A4 CANADA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN IRWIN - DIRECTOR

APRIL 26, 2002 416-866-8213

Daytime Phone #

CR2E034 (9/01)