2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000023188** Feb 14, 2000 8:00 am 1. Entity Name **Secretary of State** CROWN PRINCE ENTERPRISES, INC. 02-14-2000 90130 023 ***150.00 Principal Place of Business Mailing Address 18792 OSPREY WAY 18792 OSPREY WAY JUPITER FL 33458 JUPITER FL 33458-2453 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For . 65-0734973 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ACCURSIO, JAMES J Street Address (P.O. Box Number is Not Acceptable) 18792 OSPREY WAY JUPITER FL 33458 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE ACCURSIO, JAMES J NAME NAME 18792 OSPREY WAY STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---- Addition Delete - -TITLE ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ed with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information export is furue and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 11 or Block 12 if I hereby certify that t e information indicated on this reg ort or suppleme of the corporation of changed, or on an a the recei ith all other like empowered. ttachme SIGNATURE: