

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101425

1. Entity Name

CROWNGATE WORLDWIDE INVESTMENT, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90048 046 ***150.00

Principal Place of Business

Mailing Address

11302 SPRING COURT
SUITE C
TAMPA FL 33612

7107 N WHITTIER
ST
TAMPA FL
33617

P O BOX 17513
TAMPA FL 33682-7513
US

2. Principal Place of Business

3. Mailing Address

7107 N WHITTIER ST P.O. BOX 17513

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number 59-3483495

Applied For
Not Applicable

Zip
33617

Country
USA

Zip
33682

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

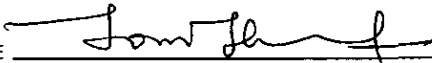
COLE, KIMBERLY W CPA
7628 NORTH 56TH STREET
SUITE 15
TAMPA FL 33617

Name PATRICK THOMAS

Street Address (P.O. Box Number is Not Acceptable)
7107 N WHITTIER ST

City TAMPA FL Zip Code 33617

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 

3/15/00

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 D
NAME THOMAS, PATRICK A
STREET ADDRESS 11302 SPRING COURT, SUITE C
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete *change of Address*

TITLE D
NAME THOMAS, PATRICK A.
STREET ADDRESS 7107 N WHITTIER ST
CITY-ST-ZIP TAMPA FL 33617 ☒ Change ☒ Addition

TITLE D
NAME THOMAS, PATRICK A
STREET ADDRESS 7107 N WHITTIER ST
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

3/15/00

813-985-1297

Date

Daytime Phone #

CR2E034 (9/99)