

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0622405

DOCUMENT # P97000101425

1. Entity Name
CROWNGATE WORLDWIDE INVESTMENT, INC.

05-17-2001 90121 001 ***150.00
 05-17-2001 90121 002 *****8.75

Principal Place of Business
**7107 NORTH WHITTIER STREET
 TAMPA FL 33617**

Mailing Address
**P O BOX 17513
 TAMPA FL 33682
 US**

43065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7107 N. WHITTIER ST

3. Mailing Address
P. O. BOX 17513

Suite, Apt. #, etc.
11

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
ALLS

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
 7107 NORTH WHITTIER STREET
 TAMPA FL 33617**

Name
PATRICK THOMAS

Street Address (P.O. Box Number is Not Acceptable)

7107 N. WHITTIER STREET

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 **PATRICK THOMAS**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01
 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, 2001 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
7107 NORTH WHITTIER STREET
 CITY-ST-ZIP
TAMPA FL 33617

☐ Delete

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☐ Change ☐ Addition

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☐ 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: **PATRICK THOMAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

813-985-1277