## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000000078

Entity Name: CRF, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

| Current Principal Place of Business:  |   |  | New Principal Place of Business:     |  |  |
|---|---|--|--------------------------------------|--|--|
| 14497 N D.<br>TAMPA, FL   |   | HWY, STE 200                             |                                      |  |  |
| Current Mailing Address:  |   |  | New Mailing Address:                 |  |  |
| 14497 N D.<br>TAMPA, FL   |   | HWY, STE 200                             |                                      |  |  |
| FEI Number:   | 59-3514592  | FEI Number Applied For ( )               | FEI Number Not Applicable ( )        | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |  |                                      |  |  |
| RIVERA, L<br>14497 N D<br>TAMPA, FL   | ALE MABRY   | HWY, STE 200                             |                                      |  |  |
| The above in the State  |   | submits this statement for the p         | purpose of changing its registered o | office or registered agent, or both,         |  |
| SIGNATUR  | RE:   |  |                                      |  |  |
| Electronic Signature of Registered Agent  |   |  | ent                                  | Date   |  |
|   |   | to satisfy its Intangible Tax filing red | quirement and elects to do so (X).   |  |  |
| OFFICERS AND DIRECTORS:   |   |  | ADDITIONS/CHANGES                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | RIVERA, LOU                                       | INGSTONE BLVD                            | Title: ( Name: Address: City-St-Zip: | ) Change ()Addition                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VTD (<br>COATS, MICH<br>2518 REGAL<br>VALRICO, FL | RIVER RD                                 | Title: ( Name: Address: City-St-Zip: | ) Change ()Addition                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | FOSKEY, AN  | ST GLENN COURT                           | Title: ( Name: Address: City-St-Zip: | ) Change ( ) Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS C. RIVERA CEO 04/25/2002