## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

Mailing Address

CASSELBERRY FL 32707-3502

1098 PARK DR

## DOCUMENT # **P98000047146**

1098 PARK DR

Principal Place of Business

2. Principal Place of Business

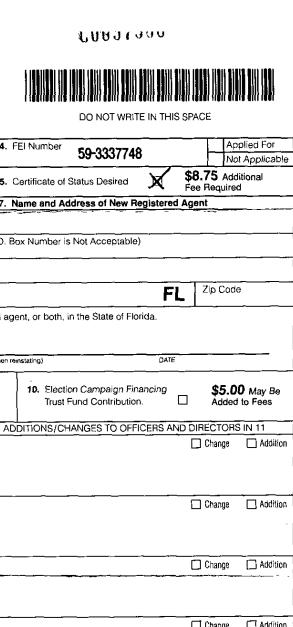
CASSELBERRY FL 32707

## CROWN INTERNATIONAL REALTY, INC.

Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3337748 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALLARD, MERLAND D Street Address (P.O. Box Number is Not Acceptable) 1098 PARK DR CASSELBERRY FL 32707 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE BALLARD, MARLAND D NAME NAME STREET ADDRESS STREET ADDRESS 1098 PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Addition ☐ Change TITLE VST ☐ Defete TITLE BALLARD, MERLAND D NAME NAME STREET ADDRESS STREET ADDRESS 1098 PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change ☐ Addition ☐ Delete TITLE 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 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

## FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90049 045 \*\*\*158.75



changed, or on an attachment with an address, with all other like empowered

D. BALLARD APR-24, 2000 467-696-2823 SIGNATURE: