

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90006 012 \*\*\*550.00

**DOCUMENT # P98000069434**

1. Entity Name:  
**J. PAUL CROWN ENTERPRISES, INC.**

Principal Place of Business

**3016 N.E. 20TH WAY  
 GAINESVILLE FL 32609**

Mailing Address

**3016 N.E. 20TH WAY  
 GAINESVILLE FL 32609**

2. Principal Place of Business

**170 CANAL ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 250**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State:

**SWANNEE FL**

City & State:

**SWANNEE FL**

4. FEI Number **59-3531914**

Applied For  
 Not Applicable

Zip  
**32692**

Country

**Dixie**

Zip  
**32692**

Country

**Dixie**

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

6. Name and Address of Current Registered Agent

**SALZMAN, ANTHONY J  
 MOODY & SALZMAN, P.A.  
 500 E. UNIVERSITY AVE., STE. A  
 GAINESVILLE FL 32602**

7. Name and Address of New Registered Agent

Name **J. Paul Crown**  
 Street Address (P.O. Box Number is Not Acceptable)  
**96 Mullet Road**  
 City **SWANNEE** FL Zip Code **32692**

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 **J. Paul Crown**  
 Signature, typed or printed name of registered agent and title if applicable.

**J. Paul Crown**  
 Signature of Agent (required when reinstating)

**5.22.01**  
 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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CROWN, J. PAUL</b>
STREET ADDRESS	<b>8430 S.W. 1ST PLACE</b> <b>96 MULLET RD</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b> <b>SWANNEE 32692</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CROWN, MARY ANN</b> <b>96 MULLET RD</b>
STREET ADDRESS	<b>8430 S.W. 1ST PLACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b> <b>SWANNEE 32692</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE **J. Paul Crown**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/01 352-542-9600**  
 Date Daytime Phone #

CR2E034 (10/00)