## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2002 8:00 am Secretary of State P98000086701 DOCUMENT # 1. Entity Name 01-30-2002 90008 012 \*\*\*150.00 CROWN CERAMICS, INC. Principal Place of Business Mailing Address 502 N MASSACHUSETTS AVE 502 N MASSACHUSETTS AVE LAKELAND FL 33801-4838 LAKELAND FL 33801-4838 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3542566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, GEORGE E JR Street Address (P.O. Box Number is Not Acceptable) 320 WILDLIFE TRAIL LAKELAND FL 33809-4965 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME KING.JR. GEORGE E STREET ADDRESS STREET ADDRESS 130 WILD LIFE TRAIL CITY-ST-ZIP LAKELAND FL 33809-4965 CITY-ST-ZIP ☐ Addition ☐ Change TITLE VΡ ☐ Delete TITLE NAME KING, HERBERT J NAME STREET ADDRESS STREET ADDRESS 10525 HUNTERS TRAIL CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809-4965 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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George F. King Jr. 1-11-02 863-683-6000 Daytime Phone #