


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90231 031 ***150.00

DOCUMENT # P98000094841	
1. Entity Name CRAZY GIRLS INC.	

DO NOT WRITE IN THIS SPACE

11016520

2. Principal Place of Business 2360 INTERNATIONAL SPEEDWAY	3. Mailing Address 2360 INTERNATIONAL SPEEDWAY
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DO NOT WRITE IN THIS SPACE

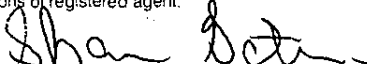
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3541737	Applied For <input type="checkbox"/> Not Applicable
City & State DELAND FL	City & State DELAND FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32724	Country US	Zip 32724	Country US

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GATENA, SHARON
Street Address (P.O. Box Number is Not Acceptable) 2429 QUAILS ROOST PLACE
City DELEON SPRINGS FL Zip Code 32130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GATENA, SHARON 2429 QUAILS ROOST PLACE DELEON SPRINGS FL 32130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year Phone #

4-22-03

CR2E0348 (12/02)