

FLORIDA DEPARTMENT OF STATE

Katharine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P990000 65608
DOCOMENT #	7110000 43400

1. Corporation Name

Crown Auto & Fleet Services, Inc.

D3 NOV 14 AM 8: 42 SECRETARY OF STATE ALLAHASSEE. FLORIDA

Principal Place of Business
30 SD-CNE Jacksonville Ro P.O. Box 1869
Ocalq, FL 34479

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		700	.,,,,,,,,,	<i>,</i>	2 34451	3. Date incorporated or Qualified 07/10/0	19		
2.	Principal Place of Business	2a. Mailing Address				4. FFI Number		Applied For	
21		26		_		58-2482991	[Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional se Required	
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ided to Fees	
	Zip Country	Zip	Cour	ntry		8. This corporation owes the current year i	ntangible		
4		29	30			Personal Property Tax.	☐ Ye	s 🗆 No	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
Howard Kleinberg 3050-CNE Jacksonville Ro Ocala, FL 34479				81	Name				
				82	Street Addres	s (P.O. Box Number is Not Acceptable)			
				83					
	Vala, 12 344/1			84	City	F	L 85	Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	tegistered Agent signature req	uired when reinstating)		DATE	
12,	OFFICERS AND DIRECTORS	13.	ADDITION	CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	Tresident DELETE	1.1 TITLE			☐ Change	Addition
NAME	Howard Kleinberg	1.2 NAME				
STREET ADDRESS	Howard Kleinberg 3050-C NE Jacksonville Ro	1.3 STREET ADDRESS				
CITY-ST-ZIP	Oca19 FL 34479	1.4 CTTY-ST-ZIP				
TITLE	. / DELETE	2.1 TITLE			☐ Change	Addition
NAME		2.2 NAME		•		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME		3.2 NAME	30	1002471	06793	
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NAME		4.2 NAME				ľ
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CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-2IP				
TITLE	☐ DELETE	5.1 TITLE			Change	Addition
NAME]		5.2 NAME	4)
STREET ADDRESS	÷	5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CHY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME]	•	6.2 NAME				
STREET ADDRESS		8.3 STREET ADDRESS				ļ
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 5050 W. TENNESSEE STREET TALLAHASSEE, FLORIDA 32399

CROWN AUTO & FLEET SERVICES, INC. 3050-C NE JACKSONVILLE ROAD OCALA, FLORIDA 34479

re: renewal of corporate annual report document #P99000065608

Dear FLORIDA DEPARTMENT OF STATE:

This letter is to inform the Florida Department of State that according to me and my Accountants records there has been no Corporate Annual Report sent to either location to be filed or paid for the year 2000 to the present. Since this problem has never happened before we would appreciate the late penalty to be waived and the check enclosed in the amount of \$600.00 to be rendered paid in full and a full reinstatement of this corporation. Thanks for your consideration.

A.

Howard Kleinberg