FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P99000068411 1. Entity Name CROWE CONSTRUCTION, INC. 02-21-2002 90145 013 \*\*\*150.00 Principal Place of Business Mailing Address 151 LOOKOUT PLACE 2105 BEACON HILL CT. SUITE 200 CASSELBERRY FL 32707 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address I ORLANDO AUF Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3590970 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROWE, JERRY E 2105 BEACON HILL COURT CASSELBERRY FL 32707 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPS** TIT) F ☐ Delete TITLE NAME CROWE, JERRY E NAME STREET ADDRESS 2105 BEACON HILL COURT STREET ADDRESS CITY-ST-7IP CASSELBERRY FL 32707 CITY-ST-ZIP ☐ Delete TITLE 1 KEVIN NAME CORCORAN, KEVIN P NAME N. OPLANDO AUE, # 295 STREET ADDRESS 151 LOOKOUT PLACE, STE. 200 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 -CITY-ST-7IP TITLE ☐ Delete TITLE NAME ROE, TIMOTHY NAME STREET ADDRESS 151 LOOKOUT PLACE, STE. 200 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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 changed, or on an attachment with an addre s, with all other like empowered.

SIGNATURE: