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**FILED** 

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106934  1. Entity Name CROSSMAN BROTHERS, INC.						Apr 19, 2001 8:00 at Secretary of State 04-04-2001 90114 009 ***150.00						
Principal Pla	nce of Business	Mailing Address			_							
214 ANNIE STREET ORLANDO FL 32806		214 ANNIE STREET ORLANDO FL 32806				- 1	· 7					
2. Principal Place of Business		3. Mailing Address										
Suite, Apt	t. #, elc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State		City & State		4	FEI Number	APPLIED I	OR		pplied For	<u>_</u>		
Zip Country		Zip Coun		ntry	5.	Certificate of	Status Desired		8.75 Add to Require	ditional	7	
	6. Name and Address of Current I	Registered Agent			7.	Name and Ad	Idress of New F	legistered Ag	ent			
- :	na ing kalanggan panggan pangg			Name 4	·				ماحم يعسن	ت جنهد سياد الد	- 4. *	
214	DSSMAN, SCOTT E ANNIE ST ANDO FL 32806			Street Addres	ss (P.O. 6	Box Number i	Not Acceptable	9)			-  -  -	
				City				FL	Zip Cod	<del>0</del>	7	
8. The above	e named entity submits this statement for	the purpose of changing its	register	ed office or regis	itered ag	ent, or both, i	n the State of Fi	orida.			1	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registere	d Agent signature requ	ed when r	instating)	<del></del>	DATE		<del></del>		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.  ria on back)	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$550.0		•	on Campaign Fir Fund Contributio			0 May Be to Fees		
11.	OFFICERS AND C	DIRECTORS	12		AD	DITIONS/CH	ANGES TO OFF	ICERS AND D	RECTORS	SIN 11	]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSSMAN, SCOTT E 214 ANNIE ST ORLANDO FL 32806	☐ Delete		· • •				Ċ	] Change	Addition	CR2E034 (10/00)	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate		1 1					] Change	Addition	CR2	
TITLE NAME STREET ADDRESS		☐ Delete		ET ADDRESS			-		) Change	Addition	532	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	l f				C	] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		! !					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete 	СПУ-	T ADDRESS ST-ZIP			,		Change	Addition		
13. I hereby of indicated of the correctanged,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the contraction of the con	nis filing does not qualify for rue and accurate and that meres to execute this report a transfer like empowered.	the exen ny signatr as require	nption stated in Sure shall have the	Section 1 e same le 07, Florid	agai errect as la Statutes: ai	orida Statutes. I il made under o nd that my name	ath; that I am a appears in Bi	ock 11 or	or director Block 12 if		