

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90389 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	V09184
1. Entity Name	
T. CROUSE COMPANIES, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4514 TRAILS DR		P O BOX 3230	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
SARASOTA, FL		CUYAHOGA FALLS, OH	
Zip	Country	Zip	Country
34232	USA	44223	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0307672		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
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. 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 reinstating) 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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CROUSE, CONNIE F 4514 TRAILS DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUSE, THOMAS E 4514 TRAILS DRIVE SARASOTA, FL
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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:

KEVIN THOMAS CROUSE - PRESIDENT 3-11-04 330-923-9991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
THOMAS CROUSE