

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90151 025 \*\*\*150.00

**DOCUMENT #** V52562

**1. Entity Name**

CRT VENTURE OF FLORIDA, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

208 MILLSTONE DR.

Suite, Apt. #, etc.

**3. Mailing Address**

208 MILLSTONE DR.

Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

**City & State**  
PALM HARBOR FLORIDA

**City & State**  
PALM HARBOR FLORIDA

**4. FEI Number**

59-3132274

**Applied For**

**Not Applicable**

**Zip**  
34683

**Country**  
USA

**Zip**  
34683

**Country**  
USA

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**  
RANDOLPH C. HADDOAD

**Street Address (P.O. Box Number is Not Acceptable)**

208 MILLSTONE DR

**City**  
PALM HARBOR

**FL**

**Zip Code**  
34683

**DO NOT WRITE  
IN THIS SPACE**

**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 if applicable.

(NOTE: Registered Agent signature is required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PO	HADDOAD RANDOLPH C.	208 MILLSTONE DR	PALM HARBOR FLORIDA 34683				
VPO	HADDOAD, ROYCE	18 LESLIE LANE	HARWICK PORT, MASS. 02646				
SD	VAN HORN, DANNEN	223 SPITZER BLVD	TOLEDO, OHIO 43613				
D	TOPOLSKI, MARTIN	1954 POSE ARBOR DR	TOLEDO, OHIO 43604				

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Signature and typed or printed name of signing officer or director

**Date**

**Daytime Phone #**

CR2E034B (12/01)