

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65547

1. Entity Name

CROMWELL FINANCIAL SERVICES, INC.

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90042 013 ***150.00

Principal Place of Business

393 WOODLAKE LANE
DEERFIELD BEACH FL 33442
US

Mailing Address

393 WOODLAKE LANE
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business

1191 E. NEWPORT CTR DRIVE

3. Mailing Address

1191 E. NEWPORT CTR DRIVE

Suite, Apt. #, etc.

Penthouse H

Suite, Apt. #, etc.

Penthouse H

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. FEI Number

65-0358592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCCELLI, PHILIP M.

393 WOODLAKE LN

DEERFIELD BEACH FL 33442

Name

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

City

FL

Zip Code

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)

Philip Tuccelli, President

4/3/01

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCCELLI, PHILIP M. 393 WOODLAKE LN DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Tuccelli

4/3/01

Date

954.421.2120

Daytime Phone #

CR2E034 (10/00)