

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90390 002 ***150.00

DOCUMENT # 384289

1. Entity Name
CRESTONE SERVICE CORP.

Principal Place of Business 511 ST JOHNS AVENUE BOX 798 PALATKA, FL 32178	Mailing Address 511 ST JOHNS AVENUE BOX 798 PALATKA FL 32178
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1382855**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

**MIKELL, J. L.
 511 ST. JOHNS AVENUE
 PALATKA FL 32177**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIKELL, J. L. 511 ST. JOHNS AVENUE PALATKA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Smith, T. S. 511 St Johns Ave. Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEBEL, L.G. 2160 DIANA DR. PALATKA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, J. O. 511 St. Johns Ave. Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIDDICK, MICHAEL L. 511 ST. JOHNS AVENUE PALATKA, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Michael L. Riddick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (386) 328-6761
 Date Daytime Phone #

000001 AV

CR2E034 (9/01)