2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

J03345

1. Entity Name

BLUE CRYSTAL, INC.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90246 034 ***150.00



| 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2651976 Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional For Required Fee Required 6. Name and Address of Current Registered Agent Name HUNTER, E.T. Street Address (P.O. Box Number is Not Acceptable) 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, upped or onesed name of registered agent and store if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00 After May 1, 2003. Fee will be \$550.00 Added to Fees Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INME DP 2 | | | | | | Co WE T | | | | | | |
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| Description Country Suite Country Suite Country Zip Country S. Certificate of Status Desired Safety Applied For Name and Address of Country Zip Country S. Certificate of Status Desired Safety Additional Page Required Page | 2901 INDUSTRIA | AL AVE 2 | 2901 INDUSTRIAL AVE 2 FT PIÈRCE FL 34946 | | | | | | | | | |
| City & State City & State Country 6. Certificate of Status Desired 8. The Address of Current Registered Agent Name Name Name Name Name Name Name Name City FL Zip Code City FL Zip | 2. Principal Pla | ace of Business | 3. Mail | ing Address | | | | | I Idalitia atili adisa irras urin arasi i | 1131 G LAIL BIBJI | A1811 B1811 B181 | II |
| City State Country State Country State Country State Status Desired Status Desired Status Desired Status Desired Status Desired State | Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | | |
| S. Name and Address of Current Registered Agent ### UNITER, E.T. ### Street Address (P.O. Box Number is Not Acceptable) City | City & State | | City & State | | | | | 4. FEI Number 59-2651976 | | | _ ` | |
| Name Name N | Zip | Country | Zip | | Coun | Country | | | | □ F | ee Required | |
| HUNTER, E.T. 1930 TYLER STREET HOLLYWOOD FL 33020 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS \$150.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NOWE FORHAM, RONALD F. SIGNATURES OTY 51-79 FORHAM, RONALD F. SIGNATURES OTY 51-79 FORHAM, RONALD F. SIGNATURES OTY 51-79 THE PROPERS AND DIRECTORS THE MAKE SIGNATURES OTY 51-79 THE NOWE SIGNATURES OTY 51- | | 6. Name and Address of Curren | t Registere | ed Agent | | e service in | | -7. N | lame and Address of New Reg | istered Ag | ent | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent. City FL Zip Code | | | | | | Name | | | | | | |
| City FL Zip Code City FL Zip | | | Street Address | | | | dress (P | (P.O. Box Number is Not Acceptable) | | | | |
| 6. 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 FILE NOW!!! FEE IS \$150.00 | HOLLYWO | OD FL 33020 | | | | City | | | | FL | Zip Code | |
| SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00 Make Check Populate to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Change Addition MAKE STREET ADDRESS CITY-ST-ZP FUND Delete TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE Delete MAME MAME STREET ADDRESS C | 8. The above | named entity submits this statement | for the purp | oose of changing its | register | ed office or i | egistere | d age | ent, or both, in the State of Florid | da. I am fa | miliar with, a | and accept |
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| Atter May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | SIGNATURE - | Signature, typed or printed name of registered ager | nt and title if app | plicable. (NOTE | E: Registere | d Agent signatur | e required | when re | sinstating) | DATE | | |
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| 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information | CITY-ST-7IP | | | | СІТ | Y-ST-ZIP | | | | | | |
| | 12. I hereby | certify that the information supplied w | vith this filin | g does not qualify fo | or the ex | emption stat | ed in Se | ection | 119.07(3)(i), Florida Statutes. I | further ceri | tify that the i | nformation |

wered to execute this report as required by Chapter 607, Florida Statutes; and that my name app the rother like empowered. of the corporation or the receiver or trustee er no changed, or on an attachment with an address, w

SIGNATURE:

REQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR 2-11-03

Daytime Phone #