

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90031 030 \*\*\*\*61.25

DOCUMENT # **N99000002206**

1. Entity Name  
**Crystal Lake Warehouse Condominium INC**

Principal Place of Business Mailing Address  
**2605 EAST Atlantic Blvd Suite 212** **SAME**  
**POMPANO Beach Fl 33062**

2. Principal Place of Business 3. Mailing Address  
**2605 Atlantic Blvd EAST Suite 212** **2605 East Atlantic Blvd Suite 212**

City & State City & State  
**POMPANO Beach Fl** **POMPANO Beach Fl**  
 Zip Country Zip Country  
**33062 USA** **33062 USA**

4. FEI Number Applied For  
**65-0912195** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**33956**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Robert S. Zippin ESQ.**  
**7101 West McNab Rd # 200**  
**TAMPA Fl 33321**

7. Name and Address of New Registered Agent  
 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) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to:**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President D</b> <b>Terence Zundke</b> <b>2605 E Atlantic Blvd #212</b> <b>POMPANO Beach Fl 33062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Treas Secretary D</b> <b>Joan Zundke</b> <b>2605 E Atlantic Blvd #212</b> <b>POMPANO Beach Fl 33062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary D</b> <b>Robert Zippin</b> <b>7101 West McNab Road #200</b> <b>TAMPA Fl 33321</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Terence Zundke, President**  
**Zundke**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **3/1/01** Daytime Phone # **954 782 3666**

CR2E037 (11/00)