

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90054 039 \*\*\*150.00

**DOCUMENT # P97000082178**

1. Entity Name

**CRYSTAL WATERS INCORPORATED**

Principal Place of Business

1321 HERNANDO STREET  
 NAPLES FL 34103

Mailing Address

POST OFFICE BOX 11881  
 NAPLES FL 34101-1881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0783258**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA ROCHE, JOHN	NAME	
STREET ADDRESS	1321 HERNANDO STREET	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA ROCHE, HERNANDO	NAME	
STREET ADDRESS	1321 HERNANDO STREET	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA ROCHE, JOHN	NAME	
STREET ADDRESS	1321 HERNANDO STREET	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONICA DE LA ROCHE	NAME	
STREET ADDRESS	1321 HERNANDO ST	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

*John DeLaRoche*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2000

Date

(941)  
 403-9066

Daytime Phone #

CR2E034 (9/99)