

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90037 008 ***150.00

DOCUMENT # P97000082699

1. Entity Name
KRYSTAL KEY DEVELOPMENT CORPORATION

Principal Place of Business 1533 WESTCREEK DR. AZLE TX 76020 US	Mailing Address 1533 WESTCREEK DR. AZLE TX 76020 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2590 North Beach Rd. Suite, Apt. #, etc. Suite 1000 City & State Englewood, FL Zip 34223 Country US	3. Mailing Address 2590 North Beach Rd Suite, Apt. #, etc. Suite 1000 City & State Englewood, FL Zip 34223 Country US
---	--

4. FEI Number 65-0794707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WELLBAUM, R.W. J ESQ
~~1160 S MCGALL ROAD~~
~~SUITE B-~~
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent
 Name **Address Change Only**
 Street Address (P.O. Box Number is Not Acceptable)
686 N. Indiana Avenue Suite A
 City **Englewood** State **FL** Zip Code **34223**

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 _____ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, CHARLES E SR. 1533 WESTCREEK DR. AZLE TX 76020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, RITA S 1533 WESTCREEK DR. AZLE TX 76020 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 2590 North Beach Rd #1000 Correction Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Address 2590 North Beach Road #1000 Englewood, FL 34223 Correction
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

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: *Rita S. Miller, Director* 1/16/01 941, 473-3733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)