

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077393

1. Entity Name
THE J. T. CRYSTAL CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90033 014 ***158.75

Principal Place of Business Mailing Address
10335 MILLPORT DRIVE 10335 MILLPORT DRIVE
TAMPA FL 33626 TAMPA FL 33626-1707

2. Principal Place of Business 3. Mailing Address
10335 Millport Drive **10335 Millport Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
TAMPA 71 **TAMPA** **59-3599626** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
71 33626 USA **33626 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CRYSTAL, JEFFREY T
10335 MILLPORT DRIVE
TAMPA FL 33626

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MACHETA V. GRAYS-CRYSTAL 10335 MILLPORT DRIVE TAMPA, 71 33626 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Jeffrey T. Crystal** **4/20/00** Date Daytime Phone #

CR2E034 (9/99)