2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business Maling Address Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Nw. 57th ST. PLANTATION R. 3324 DORN, CRAIG R. Took Down remodel entry submits this statement for the purpose of changing its registered digent with the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered digent with the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered of State Does not in the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered of State Does not in the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered of State Does not in the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered of State Does not in the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered of State Does not in the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. B. The above remodel entry submits this statement for the purpose of changing its registered agent. B. T	DOCUME 1. Entity Name CRYSTAL CLE Principal Place of BI 10404 N.W. 5TH ST. PLANTATION FL 333 2. Principal Place of Suite, Apt. #, etc.	ENT # \$609° EAR CLEANING CONT	77 FRACTORS INC. Mailing Address				Jan 22, 20 Secretar)U2 8:UU v of Sta) am ite	
CRYSTAL CLEAR CLEANING CONTRACTORS INC. Principal Place of Business Mailing Address 1004 N.W. 5TH ST. PLANTATION FL 33324 2. Principal Place of Business Sum, Apt. etc. DO NOT WRITE IN THIS SPACE City & State City & Stat	Principal Place of Bi 10404 N.W. 5TH ST. PLANTATION FL 333 2. Principal Place o Suite, Apt. #, etc.	Jusiness	Mailing Address					Jan 22, 2002 8:00		
1040 N.W. STH ST. PANTATION R. 33324 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & St	10404 N.W. 5TH ST. PLANTATION FL 333 2. Principal Place o Suite, Apt. #, etc.		•							
1040 N.W. STH ST. PANTATION R. 33324 2. Principal Place of Business	10404 N.W. 5TH ST. PLANTATION FL 333 2. Principal Place o Suite, Apt. #, etc.		•							
PLANTATION FL 33324 2. Principal Place of Business Sure, Apt. #, etc. Sure, Apt. #, etc. City & State City & FL Zip Code City FL Zip Code City FL Zip Code This corporation is aligned to sately its irrangible frame at registered agent, or both, in the State of Florida. Signature, riped or principlane in an adjected to do so. After May 1, 2002 Fee will be \$55.0.0 Make Check Payable to Department of State This corporation is aligned to sately its friangible free sately sately from the State Title NOW!! FEE IS \$150.00 Make Check Payable to Department of State 11. Officers and Directors 12. AdoltionS/CHANGES to OFFICERS AND DIRECTORS IN 11 TITLE DORN, CRAIG R 1004 N.W. 51H ST. City FLE NOW!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.0 Make Check Payable to Department of State DORN, DAVID L Single Addition Addition City FLE NOW!! FEE IS \$150.00 And Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Change Addition Change Addition City State City FLE NOW!! FEE IS \$150.00 And Check Payable to Department of State 11. Officers and Directors 12. Addition Campaign Financing Trust Fund Contribution. Change Addition Change Addition Change Addition Change Addition Change Addition Change	2. Principal Place o Suite, Apt. #, etc.		TO MER WINDLE							
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0270729 Applied For Not Applied St. This St. Thi	2. Principal Place o Suite, Apt. #, etc.	 ,								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & St	Suite, Apt. #, etc.						<u> </u>	iai didik biah anti biah b		
City & State		of Business	3. Mailing Address							
Country Z.p Country S. Certificate of Status Desired S8.75 Additional Fee Required	City & Chats		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Signature: Country Signature: Signatu	City & State		City & State			4.	CE 0070700			
TOORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Syndame, typed or printed nerie of registered agent and 1994 it approaches. PART May be a printed nerie of registered agent and 1994 it approaches. PART May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. TITLE DO DORN, DAVID L. SIRRET ADDRESS CITY-ST-ZIP DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DATE DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DATE TITLE D DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DATE TITLE D DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DATE TITLE D DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DATE TITLE D DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DATE Addition TITLE D DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DEIded TITLE D DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP DATE Addition TITLE D DORN, CRAIG R. 10404 N.W. 5TH ST. CITY-ST-ZIP CITY-ST-ZIP DEIDERS CITY-ST-ZIP DEIDERS CITY-ST-ZIP DEIDERS CITY-ST-ZIP Change Addition Addition	Zìp	Country	Zip	Zip Country		5.		□ \$8.75 Add	ditional	
DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL 33324 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 9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and elects to do so. (See criterion to back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE NAME DORN, DAVID L. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE Delete TIT	6.	Name and Address of Curren	t Registered Agent				Name and Address of New Regi			
10404 N.W. 5TH ST. PLANTATION FL 33324 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 puried name of registered agent and title if applicable (NOTE, Registered Agent signature required when rentation) 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Trust Fund Contribution. DORN, DAVID L. STRET ADDRESS CITY-ST-ZIP DORN, DAVID L. STRET ADDRESS CITY-ST-ZIP TITLE DORN, CRAIG R. 1040 A.N.W. 5TH ST. PLANTATION FL DORN, CRAIG R. 1040 A.N.W. 5TH ST. PLANTATION FL Delete TITLE DORN, CRAIG R. 1040 A.N.W. 5TH ST. PLANTATION FL CITY-ST-ZIP TITLE DORN, CRAIG R. 1040 A.N.W. 5TH ST. PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP TITLE DORNAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE DORNAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE DORNAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Addition AMAE STRET ADDRESS CITY-ST-ZIP	-		-		Name					
### PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. ### Signature, typed or privated name of registered agent and state if applicable. Signature, typed or privated name of registered agent and state if applicable. (NOTE: Registered Agent signature required when remarkship) DATE	· ·				Street Address	s (P.O. I	Box Number is Not Acceptable)	<u>, </u>		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME NAME DORN, DAVID L. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE DEIELE DORN, CRAIG R. 10404 N.W. STH ST. PLANTATION FL TITLE NAME STREET ADDRESS								-		
SIGNATURE Signature, typed or printed name of registerind agent and still if applicable. (NOTE: Registered Agent signature required when rematating)					City	-		Zip Cod	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT LE NOWELS STREET ADDRESS CITY-ST-ZIP TITLE DORN, DAVID L. STREET ADDRESS CITY-ST-ZIP TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN CRAIG R. 10404 N.W. 5TH ST. PLANTATIO	8. The above name	ed entity submits this statement f	for the purpose of changing its	s registered	d office or regist	tered aç	gent, or both, in the State of Florid	L a.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT LE NOWELS STREET ADDRESS CITY-ST-ZIP TITLE DORN, DAVID L. STREET ADDRESS CITY-ST-ZIP TITLE DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE DORN CRAIG R. 10404 N.W. 5TH ST. PLANTATIO										
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME DORN, DAVID L. 10404 N.W. 5TH ST. CITY-ST-ZIP PLANTATION FL TITLE NAME DORN, CRAIG R. STREET ADDRESS CITY-ST-ZIP PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE	ire, typed or printed name of registered ager	nt and title if applicable. (NOT	TE: Registered A	Agent signature requi	red when r	einstating)	DATE		
(See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DORN, DAVID L. STREET ADDRESS CITY-ST-ZIP TITLE DORN, CRAIG R. STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE			·		•		10. Election Campaign Finance	eing \$5.0	O May Pa	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		_								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	11.	OFFICERS AND	D DIRECTORS	12.		ΑI	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	-	DAL DAVID I	☐ Delete	4				Change	Addition	
CITY-ST-ZIP PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP DORN, CRAIG R. 10404 N.W. 5TH ST. PLANTATION FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					r address					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				CITY-S	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		ON COMIC D	☐ Defete					Change	Addition	
CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					F ADDRESS					
NAME NAME			<u> </u>	CITY-S	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME	1		☐ Delete					☐ Change	Addition Addition	
TITLE Delete TITLE Change Addition NAME	j			10	- ·] ·			- -		
NAME NAME	CITY-ST-ZIP	···		CITY-S	ST-ZIP					
			☐ Delete					Change	☐ Addition	
STREET ADDRESS STREET ADDRESS	STREET ADDRESS				ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE Delete TITLE Change Addition NAME	,		☐ Delete					Change	☐ Addition	
NAME STREET ADDRESS . STREET ADDRESS	i i				ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-S	ST- ZIP	_				
TITLE Delete TITLE Change Addition			☐ Delete					Change	Addition	
NAME NAME	STREET ADDRESS			B .	ADDRESS					
STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-S	ST-ZIP					
	indicated on this	s report or supplemental report on or the receiver or trustee emp	is true and accurate and that r	my signatur	re shall have the	e same	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	; that I am an officer	or director	

-11-02

Daytime Phone #

TURE HEGINI TUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR