

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-26-2001 90070 016 ***150.00

DOCUMENT # P98000057251

1. Entity Name
KRYSTAL SAND PUBLISHING, INC.

Principal Place of Business

**5341 STEWART ST
MILTON FL 32570
US**

Mailing Address

**P.O. BOX 458
BAGDAD FL 32530
US**

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 **59-3582604**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUGHERTY, SAMUEL A
5857 TIMBERLINE DR
MILTON FL 32570**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
P DOUGHERTY, SAMUEL A
STREET ADDRESS **5857 TIMBERLINE DRIVE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE NAME Change Addition
ALFRED C. DOUGHERTY
STREET ADDRESS **4370 OAK Lane**
CITY-ST-ZIP **MILTON FL 32583**

TITLE NAME Delete
VT DOUGHERTY, KELLEY R
STREET ADDRESS **5857 TIMBERLINE DRIVE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
Date

850-623-1996
Daytime Phone #

CR2E034 (10/00)