

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90302 039 ***150.00

DOCUMENT # 308037

1. Entity Name
CRYSTAL BUILDERS, INC.



Principal Place of Business
**1000 ORANOLE ROAD
P.O. BOX 940 875
MAITLAND FL 32794**

Mailing Address
**1000 ORANOLE ROAD
P.O. BOX 940 875
MAITLAND FL 32794**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1158505**

Applied For

Not Applicable

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

**HERSCH, BERNARD
1000 ORANOLE RD
MAITLAND FL 32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERSCH, BERNARD
1000 ORANOLE RD
MAITLAND FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BERNARD HERSCHE
1000 ORANOLE ROAD
MAITLAND FL** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHERMERHORN, ROBERT T
BOX 135 PLEASANT STREET
POMONA PARK FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ROBERT T. SCHERMERHORN
BOX 135 PLEASANT STREET
POMONA PARK FL** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HERSCH, HARRIETTE
1000 ORANOLE RD
MAITLAND FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

HARRIETTE HERSCHE, Secy / Director

01/09/03

Date

Daytime Phone #

CR2034 (10/02)