

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 384289

1. Entity Name

CRESTONE SERVICE CORP.

Principal Place of Business

511 ST JOHNS AVENUE
BOX 798
PALATKA FL 32178

Mailing Address

511 ST JOHNS AVENUE
BOX 798
PALATKA FL 32178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1382855

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

MIKELL, J L
511 ST. JOHNS AVENUE
PALATKA FL 32177

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.

(NOT 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!
After MAY 1, 2001
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	P	<input type="checkbox"/> Delete
NAME	MIKELL, J. L.	
STREET ADDRESS	511 ST. JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEBEL, L.G.	
STREET ADDRESS	2160 DIANA DR.	
CITY-ST-ZIP	PALATKA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIDDICK, MICHAEL L.	
STREET ADDRESS	511 ST. JOHNS AVENUE	
CITY-ST-ZIP	PALATKA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 no 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:

Michael L. Riddick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01 (386)328-6761

Date

Daytime Phone #

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90232 030 ***550.00

660221



DO NOT WRITE IN THIS SPACE