

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 384289

1. Entity Name

CRESTONE SERVICE CORP.

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90390 002 \*\*\*150.00

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

4. FEI Number

59-1382855

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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.

(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, 2002 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 P  
NAME MIKELL, J. L.  
STREET ADDRESS 511 ST. JOHNS AVENUE  
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE V/S  
NAME Smith, T. S.  
STREET ADDRESS 511 St Johns Ave. Palatka, FL  
CITY-ST-ZIP 32177 ☐ Change ☒ Addition

TITLE D  
NAME HEBEL, L.G.  
STREET ADDRESS 2160 DIANA DR.  
CITY-ST-ZIP PALATKA FL ☐ Delete

TITLE D  
NAME Thompson, J. O.  
STREET ADDRESS 511 St. Johns Ave. Palatka, FL  
CITY-ST-ZIP 32177 ☐ Change ☒ Addition

TITLE T  
NAME RIDDICK, MICHAEL L.  
STREET ADDRESS 511 ST. JOHNS AVENUE  
CITY-ST-ZIP PALATKA, FL 00000 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

4/30/02 (386) 328-6761  
Date Daytime Phone #

CR2E034 (9/01)