## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 19, 2001 8:00 am Secretary of State DOCUMENT # 645947 1. Entity Name CRYSTAL PAINTING & DECORATING, INC. 04-19-2001 90300 012 \*\*\*150.00 Principal Place of Business Mailing Address 601 CUTLER SPUR 601 CUTLER SPUR **CRYSTAL RIVER FL 34429** CRYSTAL RIVER FL 34429 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 Applied For 59-1950557 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name mela **IWANIEC, THOMAS JOHN** Street Address (P.O. Box Number is Not Acceptable) **601 CUTLER SPUR** CRYSTAL RIVER FL 34429 8. The above named entity submits this statement for the purpose of changing its registered office or registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Delete Change ☐ Addition TITLE TITLE **IWANIEC, THOMAS JOHN** NAME NAME 9051 N KATHLEEN TER STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **DUNNELLON FL** President STD TITLE ☐ Delete TITLE ☐ Addition DAVIS Pamela Jean 3540 W. Cogwood Cir. Beyorly Hills, Fl. DAVIS. PAMELA JEAN NAME NAME STREET ADDRESS 3540 W COGWOOD CIR STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS FL** CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete Lundy Nancy Marganet 601 SECutier Spur NAME NAME STREET ADDRESS STREET ADDRESS Crystal River, F1.34429 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 received 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 of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all off other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIF

PRINTED NAME OF SIGNING OFFICER OR DIRECTO