## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **F68092** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name CRYSTAL COMPUTING, INC. 04-27-2000 90046 017 \*\*\*158.75 Principal Place of Business Mailing Address % FRANK L ROARK % Frank L Roark 9271 SW 18TH ROAD 9271 SW 18TH ROAD **BOCA RATON FL 33428** BOCA RATON FL 33428-2010 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2175414 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROARK, FRANK L Street Address (P.O. Box Number is Not Acceptable) 9271 SW 18TH ROAD **BOCA RATON FL 33428** 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change ☐ Addition TITLE ☐ Delete TITLE ROARK, FRANK L NAME NAME STREET ADDRESS 9271 SW 18TH ROAD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-7IP ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE ROARK, ELIZABETH W NAME NAME 9271 SW 18TH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Frank & Roarl

Frank L. Rowle

4/17/00

561-482-5981

Daytime Phon