

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90199 018 \*\*\*150.00

**DOCUMENT # F98000004303**

**1. Entity Name**  
**JAMES CRYSTAL HOLDINGS, INC.**



**Principal Place of Business**  
**2406 S CONGRESS AVE**  
**WEST PALM BEACH FL 33406**  
**US**

**Mailing Address**  
**2406 S CONGRESS AVE**  
**WEST PALM BEACH FL 33406**  
**US**

**2. Principal Place of Business**  
**6600 N ANDREWS AVE**

**3. Mailing Address**  
**same as place of bus.**

**Suite, Apt. #, etc.**  
**STE 160**

**Suite, Apt. #, etc.**

**City & State**  
**FT LAUDERDALE FL**

**City & State**

**Zip**  
**33309**

**Country**  
**US**

**Zip**

**Country**

**4. FEI Number** **65-0843333**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HILLIARD, JAMES W**  
**2406 S CONGRESS AVE**  
**WEST PALM BEACH FL 33406**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**  
**6600 N ANDREWS AVE STE 160**

**City** **FT LAUDERDALE** **FL** **Zip Code** **33309**

**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** *James W. Hilliard*  
Signature, typed or printed name of registered agent and title if applicable.

**James W. Hilliard**

**1/27/03**

(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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PCST** ☐ **Delete**  
**NAME** **HILLIARD, JAMES C**  
**STREET ADDRESS** **4401 S. OCEAN BLVD., #7**  
**CITY-ST-ZIP** **HIGHLAND BEACH FL 33487**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **7 Ocean Place**  
**CITY-ST-ZIP** **Highland Beach FL 33487**

**TITLE** **V** ☐ **Delete**  
**NAME** **HILLIARD, JAMES W**  
**STREET ADDRESS** **2406 S CONGRESS AVE**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33406**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **6600 N ANDREWS AVE STE 160**  
**CITY-ST-ZIP** **Ft Lauderdale FL 33309**

**TITLE** **V** ☐ **Delete**  
**NAME** **HINDES, RICHARD C**  
**STREET ADDRESS** **2406 S CONGRESS AVE**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33406**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **6600 N ANDREWS AVE STE 160**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33309**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**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:** *Richard C. Hindes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard C. Hindes** **1/27/03**

Date

Daytime Phone #

CR2E034 (10/02)