

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90196 014 ***550.00

DOCUMENT # G21737

1. Entity Name
CRYSTAL WINDOWS, INC.

Principal Place of Business
C/O JOHNNY M. JACKSON
RTE.2 BOX 125 24A
MICANOPY FL 32667

Mailing Address
1015 SW 106TH PLACE
MICANOPY FL 32667
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2254865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACKSON, JOHNNY M
1015 SW 106 PLACE
MICANOPY FL 32667

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PST JACKSON, JOHNNY M
24 S.E. 20TH AVENUE
MICANOPY FL ☐ 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

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

September 11, 2002

Date

352-284-3389

352-466-8643

Daytime Phone #

CR2E034 (9/01)

Attachment

873536

Q 21737

8-22-02

Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302

Dear Dept. of State

I am late on my 2002 Uniform business report,
Very sorry.

The past few months, had lost many friends in
death and my focus had not been normal on my
responsibilities.

I am the sole employee of my Window cleaning
business, so when sudden events as such happens,
it throws me behind in everything.

I Will try harder to not let this occur again, my apology.
Please keep me incorporated.

Thanks!

Johnny M. Jackson
Crystal Windows, Inc.