2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am & Secretary of State DOCUMENT # J25565 1. Entity Name 03-25-2002 90012 012 ***150.00 CRYSTAL WATERS DEVELOPMENT CORP. Principal Place of Business Mailing Address C/O GERALD M. CHANIN C/O GERALD M. CHANIN 211 E. 70TH ST. 211 E. 70TH ST. **NEW YORK NY 10021** NEW YORK NY 10021 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 59-2700003 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 **VOGLER II, EDWARD** Street Address (P.O. Box Number is Not Acceptable) 802 11TH ST. W. **BRADENTON FL 34205** City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE DP TITLE ☐ Change Addition NAME CHANIN, GERALD M. NAME STREET ADDRESS 211 E 70TH ST STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHANIN, PATRICIA A. NAME STREET ADDRESS STREET ADDRESS 211 E 70TH ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** TITLE ~ □ Delete -- Change TITLE - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Daysims Phone #