

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91160 005 \*\*\*150.00

DOCUMENT # L18240

1. Entity Name

Crystal River Realty, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3760 N. Palomino Ter.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State

Beverly Hills, FL.

City & State

4. FEI Number

59-3041409

Applied For

Not Applicable

Zip

34465

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Michael J. Tringali

Street Address (P.O. Box Number is Not Acceptable)

3760 N. Palomino Terrace

City

Beverly Hills

FL

Zip Code

34465

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Pres, Sec, Director  
Michael J. Tringali  
3760 N. Palomino Terrace  
Beverly Hills, FL. 34465

TITLE  
NAME  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Tringali, pres. Michael J. Tringali 05-01-03 352-527-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #