

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90073 038 ****50.00

DOCUMENT # L99000007759

1. Entity Name

CRYSTAL SHORES ENTERPRISES, L.C.

Principal Place of Business

**85 NORTH MAIN ST.
 WALDO FL 32694**

Mailing Address

**P.O. BOX 2
 HERNANDO FL 34442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3609413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANSEN, ROBERT W
 85 N MAIN ST
 WALDO FL 32694**

Name

Reginald Stanczyk

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

1959 W. GARVENIA DR.

City

CITRUS SPRINGS

FL

Zip Code

34434

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

Reginald Stanczyk

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

3/30/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 GARCIA, MATTHEW C
 749 RIDGEWOOD AVE
 HOLLYWOOD FL 32117** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 HANSEN, ROBERT W
 85 N MAIN ST
 WALDO FL 32694** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 Robert W Hansen
 17 S. Lee St.
 Brookly Hills Fl 34465** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 STANCZYK, REGINALD
 1959 W. GARVENIA DRIVE
 CTRUS SPRINGS FL 34434** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Reginald Stanczyk

(Signature typed or printed name of signing managing member, manager, or authorized representative)

3/30/02

Date

352-465-4720

Daytime Phone #

CR2E083 (9/01)