

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91006 050 ***150.00

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DOCUMENT # M50231

1. Entity Name
CRYSTAL CRAFTS, INC.

Principal Place of Business
1748 SW 13 PLACE
BOCA RATON FL 33486

Mailing Address
1748 SW 13 PLACE
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1495 Addison Ave
 Suite, Apt. #, etc.

3. Mailing Address
1495 Addison Ave
 Suite, Apt. #, etc.

City & State
Boca Raton FL
Zip 33486 **Country** US

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Boca Raton FL
Zip 33486 **Country** US

4. FEI Number 59-2788975 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
STERRETT, LINDA
1748 SW 13 PLACE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
Name LINDA STERRETT
Street Address (P.O. Box Number is Not Acceptable)
1495 Addison Ave
City Boca Raton **FL** **Zip Code** 33486

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 Linda Sterrett Linda Sterrett, Pres. 2-26-02
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STERRETT, LINDA 1748 SW 13 PLACE BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STERRETT, LINDA 1748 SW 13 PLACE BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STERRETT, LINDA 1748 SW 13 PLACE BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S, T LINDA STERRETT 1495 Addison Ave BOCA RATON FL. 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Linda Sterrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 3678998
Date Daytime Phone #

CR2E034 (9/01)