2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P0000040535 1. Entity Name JAMES CRYSTAL ORLANDO, INC. | | | | | | | VISION OF CORPORATION 02 MAR 13 PM 2:56 | | | | | |
|---|---|--|--|--|--|---|---|--|--|--|----------------------------|--------------|
| Principal Place of Business Mailing Address: 2406 S. CONGRESS AVE. W. PALM BEACH FL 33406 W. PALM BEACH FL 33406 | | | | | | | | • · | | | 1681 8/44 1-44 | |
| | | | 3. Mailing Address | | | | | | | | | |
| 2. Principal P | ness | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | , 1011 1511 111 | | ,,,,,,, | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 52-28-07 ^{DX} | NOT WRITE | EIN THIS SP | Z/ 12 | v .0V | |
| City & Stat | te | | City & State | | | 4. | EELAL -6 | -1010217 | | Ap | plied For t Applicable | } |
| Zip | | Zip | ntry | 5. Certificate of Status Desired S8.75 Addition Fee Required | | | | itional | 1 | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7, | Name and Address | s of New Re | gistered Ag | ent . | | 1 |
| HILLARD, JAMES W | | | | | Name Street Address (P.O. Box Number is Not Acceptable). | | | | | | | |
| | ONGRESS ILM BEACH | · · · · · | | Oli GOT FIGURE | Officer Address (F.O. GOA Harrison to Hor Acceptable). | | | | | | 1 | |
| 1125117 | CON CENTON | 1,2,000 | | | City | | | | FL | Zip Cod | e | 1 |
| 8. The above | named enti: | y submits this statement for t | the purpose of changing its | register | ed office or re | egistered a | agent, or both, in the | State of Flori | | [| _ | 1 |
| 01011171105 | | | | | | | | | | | | |
| SIGNATURE | Signature, typed | or printed name of registered agers an | d title if applicable. (NOT | ; Registere | d 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 bac<) Tax filing requirement and elects to do so. | | | | | wiii be \$551 | 0.00 | 10. Election Ca Trust Fund | ampa gn Fina Contribution | | | O May Be to Fees | |
| 11. | | OFFICERS AND D | IRECTORS | 12. | | Α | ODITIONS/CHANG | ES TO OFFIC | ERS AND D | RECTOR | \$ IN 11 | 1_ |
| TITLE NAME STREET ADDRESS CITY-ST-ZEP | D Delete TITL HILLIARD, JAMES W 4401 S. OCEAN BLVD., #7 HIGHLAND BEACH FL 33247 | | | | | | | | | Change | Addition . | R2F034 (9/01 |
| TITLE | | | ☐ Delete | TITLE | | VP_ | | | [| Change | Addit on | 8 |
| NAMF STREET ADDRESS | . VAM STREE | | | | | | IARD, JAM SOUTH CO | | AVEN | UE | • | |
| CITY-ST-ZIP | | | | + | _ '- | | PALM BEA | CH_FL | 3340 | Change | NO Addition | ┨ |
| TITLE NAME | Delete TITLI | | | | | VP HINDE | ES, RICHA | RD C | | ") ourniñe | Add tion | 1 |
| STREET ADDRESS CITY-ST-ZIP | | | | | _ CT_ 7ID | 2406 | SOUTH CO | NGRESS | | | | |
| TITLE | | | ☐ Celete | ŢĮŤŲ | E | MP9.1 | PALM BEA | Cn-r L | - 3340 | Change | ☐ Addition | |
| NAME STREET ADDRESS | ł | | | NAM Stre | E Et address | | | | | | | |
| CITY-ST-ZIP | <u> </u> | <u></u> | | | -ST-7IP | | | | | | = | - |
| TITLE NAME | | | [] Delete | TITLI NAM | | | | | , 1 | Change | Addition |] |
| STREET ADDRESS | j | | | STRE | ET ADDRESS | | | | | 1700 | \20 | ì |
| CITY-ST-ZIP | | | | - - - | -ST-ZIP | | | . , | | 741 S | 777 | i |
| title Name | | | Delete | LTTT Mam | | | | | ı | T\Change | Addition | } |
| STREET ADDRESS | 1 | A | | | ET ADDRESS | | | | • | | | 1 |
| CITY-ST-ZIP | | J | A | | -ST-ZIP | 4:- 0: | - 440 A7/03/3 ET 11 | - Ctob 4 11 | | , shop story ! | darmatica | - |
| 13. Thereby of indicated of the corchanged, | centry that the fon this report poration or the for on an atta | e information supplied with the supplemental report is the economic action of the supplemental report is the economic action of the supplement with an expression of the supplemental supp | ns rising does not qualify for the and securate and that it fered in execute this report the stronger like empowered. | ine exe ny signa as requi | mption stated fure shall hav red by Chapt | a in Section to the same ter 607, Flo | n 119.07(3)(i), Horid e legal effect as if m orida Statutes; and th | a Statutes. I f ade under oa nat my name : | urmer certih ith: that I am appears in I | unautne ir an officer Block 11 o | or director Block 12 if | |
| SIGNAT | | JAMMAKT LANK | Moralub | ren Personal | | | | | | | | |