

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90197 047 \*\*\*150.00

**DOCUMENT # P00000040535**

1. Entity Name  
**JAMES CRYSTAL ORLANDO, INC.**



Principal Place of Business  
**2406 S. CONGRESS AVE.  
W. PALM BEACH FL 33406**

Mailing Address  
**2406 S. CONGRESS AVE.  
W. PALM BEACH FL 33406**



2. Principal Place of Business  
**1033 S. SEMORAN BLVD  
STE 209**

3. Mailing Address  
**6600 N ANDREWS AVE  
STE 160**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**CASSELBERRY FL**

City & State  
**FT LAUDERDALE**

4. FEI Number  
**65-1010217**

Applied For  
☐ Not Applicable

Zip  
**32707**

Country  
**US**

Zip  
**33309**

Country  
**US**

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**HILLARD, JAMES W  
2406 S CONGRESS AVE  
WEST PALM BEACH FL 33406**

Name  
**6600 N ANDREWS AVE STE 160**  
Street Address (P.O. Box Number is Not Acceptable)  
City **FT LAUDERDALE** **FL** Zip Code **33309**

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 *James W. Hilliard*  
Signature, typed or printed name of registered agent and title if applicable.

**James W. Hilliard 1/27/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **HILLIARD, JAMES W**  
STREET ADDRESS **4401 S. OCEAN BLVD., #7**  
CITY-ST-ZIP **HIGHLAND BEACH FL 33247**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7 Ocean Place**  
CITY-ST-ZIP **Highland Beach FL 33487**

TITLE **V** ☐ Delete  
NAME **HILLIARD, JAMES W**  
STREET ADDRESS **2406 S. CONGRESS AVE.**  
CITY-ST-ZIP **W. PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6600 N ANDREWS AVE STE 160**  
CITY-ST-ZIP **Ft Lauderdale FL 33309**

TITLE **V** ☐ Delete  
NAME **HINDES, RICHARD C**  
STREET ADDRESS **2406 S. CONGRESS AVE.**  
CITY-ST-ZIP **W. PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6600 N ANDREWS AVE STE 160**  
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard C. Hindes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard C. Hindes 1/27/03**

Date

Daytime Phone #

CR2E034 (10/02)