

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040799

1. Entity Name

CRYSTAL STREET PROPERTIES, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90084 036 ***150.00

Principal Place of Business

~~C/O BARNES AND COHEN, C.P.A.'S P.A.~~
~~441 N.E. 1ST ST~~
~~CRYSTAL RIVER FL 34429~~

Mailing Address

C/O BARNES AND COHEN, C.P.A.'S P.A.
PO BOX 490
CRYSTAL RIVER FL 34423

00027363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

34 NE CRYSTAL ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER FL

City & State

4. FEI Number

55 3641276

Applied For

Not Applicable

Zip

34428

Country

Zip

Country

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

BARNES, G. MAX

~~10110 KIMBROUGH DR.~~

~~BROOKSVILLE FL 34601~~

Name

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

441 NE 1ST ST.

City

CRYSTAL RIVER

FL

Zip Code

34428

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME EASLEY, GAIL
STREET ADDRESS PO BOX 1436
CITY-ST-ZIP CRYSTAL RIVER FL 34423

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

TITLE D ☐ Delete
NAME BARNES, G. MAX
STREET ADDRESS ~~10110 KIMBROUGH DR.~~
CITY-ST-ZIP ~~BROOKSVILLE FL 34601~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 2215
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE D ☐ Delete
NAME WALKER, WAYNE
STREET ADDRESS 1840 N.W. 17TH ST
CITY-ST-ZIP CRYSTAL RIVER FL 34428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/01

RES

352
563
1300

CR2E034 (10/00)