

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91338 040 \*\*\*150.00

**DOCUMENT # P01000020406**

1. Entity Name  
**CRYSTAL GLEN DEVELOPMENT, INC.**



Principal Place of Business

**1100 W. MAIN STREET  
INVERNESS FL 34432**

Mailing Address

**1100 W. MAIN STREET  
INVERNESS FL 34452**

2. Principal Place of Business

**110 Highlands Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 700**  
Suite, Apt. #, etc.

City & State

**INVERNESS FL**

City & State

**INVERNESS FL**

Zip

**34452**

Country

**USA**

Zip

**34451**

Country

**USA**

4. FEI Number

**59-3703345**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, ERVIN E  
1100 W. MAIN STREET  
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name

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

**1601 S. RIDGEWOOD PT.**

City

**INVERNESS**

FL

Zip Code

**34452**

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **DAVIS, ERVIN E**  
STREET ADDRESS **1100 W. MAIN STREET**  
CITY-ST-ZIP **INVERNESS FL 34432**

TITLE **SD** ☐ Delete  
NAME **WHEELER, JOHN F**  
STREET ADDRESS **1632 S. REGAL PT.**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ Delete  
NAME **STRINGER, THOMAS**  
STREET ADDRESS **609 W. HIGHLANDS BLVD**  
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **1601 S. RIDGEWOOD PT.**  
CITY-ST-ZIP **INVERNESS, FL 34452**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **SIGNATURE REQUIRED E. DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/03 352 726 6284**

Date

Daytime Phone #

CR2E034 (10/02)