

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90063 034 \*\*\*150.00

001400 AV

**DOCUMENT # P01000022897**

1. Entity Name  
**CRYSTAL COAST HOMES, INC.**

Principal Place of Business  
**160 BROOKSIDE DRIVE  
 DAYTONA BEACH FL 32124**

Mailing Address  
**160 BROOKSIDE DRIVE  
 DAYTONA BEACH FL 32124**

2. Principal Place of Business  
**8 COACOCHEE DR**

3. Mailing Address  
**8 COACOCHEE**

Suite, Apt. #, etc.

City & State  
**FLAGLER BEACH FL**

City & State  
**FLAGLER BEACH FL**

Zip Country  
**32136 U.S.A.**

4. FEI Number  
**59-3704884**

Applied For  
☐ Not Applicable

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

**BEIGHLE, DENICE**  
**160 BROOKSIDE DRIVE**  
**DAYTONA BEACH FL 32124**

**8 Coacochee Dr**  
**Flagler Beach**  
**FL 32136**

Name

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

City FL Zip Code

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 **Denice Beighle** **Denice Beighle** **3-25-2002**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEIGHLE, LAWRENCE</b> <b>160 BROOKSIDE DRIVE</b> <b>DAYTONA BEACH FL 32124</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEIGHLE, DENICE</b> <b>160 BROOKSIDE DRIVE</b> <b>DAYTONA BEACH FL 32124</b>	<input type="checkbox"/> Delete	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"/> Delete	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 another like empowered.

SIGNATURE: **LAWRENCE E Beighle** **3-25-02** **386-439-3268**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)