

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90028 043 ***150.00

DOCUMENT # P01000031474

1. Entity Name
PERFORMANCE CRYSTAL, INC.

Principal Place of Business
5701 GOLDEN NUGGET DRIVE
HOLIDAY FL 34690

Mailing Address
5701 GOLDEN NUGGET DRIVE
HOLIDAY FL 34690

2. Principal Place of Business
3816 Grand Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
3816 Grand Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
New Port Puchey, FL
 Zip **34652** Country **USA**

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New Port Puchey, FL
 Zip **34652** Country **USA**

4. FEI Number
69-3707377

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JEANNOTTE, JIM A
5701 GOLDEN NUGGET DRIVE
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

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

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, 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

TITLE **P** ☐ Delete
 NAME **JEANNOTTE, JIM A**
 STREET ADDRESS **5701 GOLDEN NUGGET DRIVE**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.2002

Date

727.843.9604

Daytime Phone #

CR2E034 (9/01)