

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90012 022 ***150.00

DOCUMENT # **P01000109624** ✓

1. Entity Name

Crystal Pools, Inc.

DO NOT WRITE IN THIS SPACE

80092979

2. Principal Place of Business

405 Marshall Court

Suite, Apt. #, etc.

2

3. Mailing Address

405 Marshall Court

Suite, Apt. #, etc.

2

City & State

FT WALTON BEACH FL

City & State

FT WALTON BEACH

Zip

32541

Country

Zip

32541

Country

4. FEI Number

59-3443664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HANK HOLLENBECK

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

405 Marshall Court #2

City

Fort Walton Beach

FL

Zip Code

32541

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

Hank Hollenbeck

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
HANK HOLLENBECK
405 MARSHALL COURT #2
FORT WALTON BEACH FL 32541**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hank Hollenbeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 APR 2002 850-8634209

Date

Daytime Phone #

CR2E034B (12/01)