

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90199 026 ***150.00

DOCUMENT # P02000099111

1. Entity Name
JAMES CRYSTAL DELRAY BEACH, INC.



Principal Place of Business
**2406 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406**

Mailing Address
**2406 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406**

2. Principal Place of Business
6600 N ANDREWS AVE

3. Mailing Address
← SAME

Suite, Apt. #, etc.
STE 160

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State

Zip Country
33309 US

Zip Country

4. FEI Number
54-2079438

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HINDES, RICHARD C
2406 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name
James W. Hilliard
Street Address (P.O. Box Number is Not Acceptable)
6600 N ANDREWS AVE STE 160
City
FT LAUDERDALE FL Zip Code
33309

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 *James W. Hilliard* **James W. Hilliard** **1/27/03**
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 **HILLIARD, JAMES C**
STREET ADDRESS **2406 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VP,S** ☐ Delete
NAME **HILLIARD, JAMES W**
STREET ADDRESS **2406 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VP,T** ☐ Delete
NAME **HINDES, RICHARD C**
STREET ADDRESS **2406 SOUTH CONGRESS AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7 Ocean Place**
CITY-ST-ZIP **Highland Beach FL 33487**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6600 N Anderws Avenue Ste 160**
CITY-ST-ZIP **Ft Lauderdale FL 33309**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6600 N Andrews Ave Ste 160**
CITY-ST-ZIP **Ft Lauderdale FL 33309**

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

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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: *Richard C. Hindes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Hindes **1/27/03**

Date Daytime Phone #

CR2E034 (10/02)