

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009742

1. Entity Name  
CRYSTAL DEVELOPMENT, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90008 026 \*\*\*158.75

Principal Place of Business  
4655 SALISBURY RD  
350  
JACKSONVILLE FL 32256  
US

Mailing Address  
4655 SALISBURY RD  
350  
JACKSONVILLE FL 32256  
US

2. Principal Place of Business  
4348 Southpoint Blvd.  
Suite, Apt. #, etc.  
Suite 230

3. Mailing Address  
4348 Southpoint Blvd.  
Suite, Apt. #, etc.  
Suite 230

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number 59-3162890

Applied For  
Not Applicable

Zip 32216 Country Duval

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

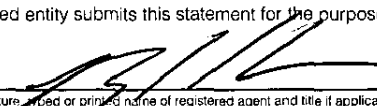
## 6. Name and Address of Current Registered Agent

MANGAN, PAMELA K  
4655 SALISBURY RD  
STE 350  
JACKSONVILLE FL 32256

## 7. Name and Address of New Registered Agent

Name  
Nancy L. Hanna  
Street Address (P.O. Box Number is Not Acceptable)  
4348 Southpoint Blvd.  
Suite 230  
City Jacksonville FL Zip Code 32216

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)

04/09/01

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, 2001 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  
NAME D GREEN, EDWARD L ☐ Delete  
STREET ADDRESS 4655 SALISBURY RD #350  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE  
NAME VPST MANGAN, PAMELA K ☒ Delete  
STREET ADDRESS 4655 SALISBURY RD #350  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE  
NAME VP HANNA, NANCY M ☐ Delete  
STREET ADDRESS 6801 SOUTHPOINT DR N 300-  
CITY-ST-ZIP JAX FL 32216

TITLE  
NAME P LUNKEFER, R. JOHN ☒ Delete  
STREET ADDRESS 13984 ATHENS DR  
CITY-ST-ZIP JAX FL 32223

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 4348 Southpoint Blvd., Suite 230  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE  
NAME VP LARA, ANNE G. ☐ Change ☒ Addition  
STREET ADDRESS 4348 Southpoint Blvd., Suite 230  
CITY-ST-ZIP Jacksonville, FL 32216

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 4348 Southpoint Blvd., Suite 230  
CITY-ST-ZIP Jacksonville, FL 32216

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

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01

Date

904-332-9809

Daytime Phone #

CR2E034 (10/00)

0016813