

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067915

1. Entity Name
CRYSTAL HI-RISE, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90066 027 ***150.00

Principal Place of Business

820 LINCOLN AVE
MELBOURNE FL 32901
US

Mailing Address

P.O. BOX 722
MELBOURNE FL 32902-0722
US

2. Principal Place of Business

4025 Edward St

3. Mailing Address

Suite, Apt. #, etc.

Melbourne FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3270511

Applied For

Not Applicable

Zip 32901

Country US

Zip

Country

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

MC GEE, CHARLES
140 CAMBRIDGE CT.
INDIALANTIC FL 32903

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MC GEE, CHARLES W
STREET ADDRESS 140 CAMBRIDGE CT.
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

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

TITLE S
NAME PIASKECKI, DAVE
STREET ADDRESS 2582 CARMEL ROAD
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

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

TITLE V
NAME BURCHFIELD, BEN
STREET ADDRESS 341 AVENIDA LA VISTA
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Delete

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

TITLE VP
NAME VAN DYKE, TOM
STREET ADDRESS 109 MAPLE DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)