

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90069 014 ***150.00

DOCUMENT # P95000034359

1. Entity Name
CRYSTAL SPRINGS PACKAGE STORE, INC.

Principal Place of Business

Mailing Address

~~RT. 4, BOX 7218~~
HILLIARD FL 32046
US

~~RT. 4, BOX 7218~~
HILLIARD FL 32046
US

2. Principal Place of Business

3. Mailing Address

542345 NS Hwy 1
 Suite, Apt. #, etc.

542345 NS Hwy 1
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3310371

Applied For

Not Applicable

Zip

Country

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

VANZANT, JOHN K

~~RT. 4, BOX 7218~~

HILLIARD FL 32046

Name

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

542345 NS Hwy 1

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D VANZANT, JOHN K**
STREET ADDRESS ~~RT. 4, BOX 7218~~
CITY-ST-ZIP **HILLIARD FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **542345 NS Hwy 1**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

904-845-2891

Daytime Phone #

CR2E034 (9/01)