

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052522

1. Entity Name  
CRYSTAL POOLS, INC.

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90147 001 \*\*\*300.00

Principal Place of Business

170 BROOKSIDE DR  
DAYTONA BEACH FL 32124  
US

Mailing Address

170 BROOKSIDE DR  
DAYTONA BEACH FL 32124  
US

2. Principal Place of Business

160 Brookside Dr.

3. Mailing Address

160 Brookside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL.

City & State

Daytona Beach, FL.

Zip

32124

Country

US

Zip

32124

Country

US

4. FEI Number 59-3326482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D.  
48 OLD KING'S ROAD NORTH  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
BEIGHLE, LAWRENCE  
170 BROOKSIDE DR  
DAYTONA BEACH FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

3/22/2001 904-767-7986  
Date Daytime Phone #

CR2E034 (10/00)