

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

0014396 AV

04-04-2002 90003 012 ***150.00

DOCUMENT # P95000052522

1. Entity Name
CRYSTAL COAST HOMES AND POOLS, INC.

Principal Place of Business
160 BROOKSIDE DR
DAYTONA BEACH FL 32124
US

Mailing Address
160 BROOKSIDE DR 8Coacoochee Dr
DAYTONA BEACH FL 32124 Flagler Beach
US FL 32136



2. Principal Place of Business

3. Mailing Address

8Coacoochee Drive
 Suite, Apt. #, etc.

8Coacoochee Dr
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Flagler Beach
Zip
32136
Country
U.S.

City & State
Flagler Beach
Zip
32136
Country
U.S.

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 **Beighle Lawrence E.**
Street Address (P.O. Box Number is Not Acceptable)
8Coacoochee Drive
City **Flagler Beach** **FL** **Zip Code** **32136**

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 **Lawrence E Beighle Pres** **3-25-2002**
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BEIGHLE, LAWRENCE 170 BROOKSIDE DR DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: **Lawrence E. Beighle** **3-25-2002** **386-439-3268**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)