

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90037 021 \*\*\*150.00

**DOCUMENT # P96000035824**

1. Entity Name

**CRYSTAL BEACH AUTO SERVICE, INC.**

Principal Place of Business

**2509 ALTERNATE 19  
PALM HARBOR FL 34683  
US**

Mailing Address

**2509 ALTERNATE 19  
PALM HARBOR FL 34683  
US**

2. Principal Place of Business

**3205 MEADOWVIEW LN**

3. Mailing Address

**3205 MEADOWVIEW LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM HARBOR, FL**

City & State

**PALM HARBOR, FL**

4. FEI Number

**59-3374687**

Applied For

Not Applicable

Zip

Country

**34683 PINELLAS**

Zip

Country

**34683 PINELLAS**

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

**KASSIS, MARCIA  
2509 ALTERNATE 19  
PALM HARBOR FL 34684**

Name

**MARCIA KASSIS**

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

**3205 MEADOWVIEW LN**

City

**PALM HARBOR**

FL

Zip Code

**34683**

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 **MARCIA KASSIS, PRES.** *Marcia Kassis* **01-09-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KASSIS, MARCIA 3205 MEADOWVIEW LANE PALM HARBOR FL</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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 all other like empowered.

SIGNATURE: **MARCIA KASSIS** *Marcia Kassis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-09-01 727-7873127**

Date

Daytime Phone #

CR2E034 (10/00)