

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042494

1. Entity Name

CRYSTAL ADVERTISING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90145 028 ***150.00

602823



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2901 STIRLING RD SUITE 300
FT LAUDERDALE FL 33312

2901 STIRLING RD SUITE 300
FT LAUDERDALE FL 33312-6529

2. Principal Place of Business

c/o Scott Cornelius

Suite, Apt. #, etc.

2901 Stirling Rd. Suite 300

City & State

L. Lauderdale, Florida

Zip

33312

Country

USA

3. Mailing Address

c/o Scott Cornelius

Suite, Apt. #, etc.

2901 Stirling Rd. Suite 300

City & State

Ft. Lauderdale, Florida

Zip

33312

Country

USA

4. FEI Number

65-0125926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEANNE WASSERSTROM
2901 STIRLING RD SUITE 300
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

Peggy Goosen

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

City

Ft. Lauderdale FL

FL

Zip Code
33312

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

01/05/00

his 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, 2000 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 PST
NAME RUFFIN, PHIL
STREET ADDRESS 1522 S. FLORENCE
CITY-ST-ZIP WICHITA KS 67209 ☐ Delete

TITLE D
NAME RUFFIN, PHIL
STREET ADDRESS 1522 S FLORENCE
CITY-ST-ZIP WICHITA KS 67209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

TITLE
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X Jan 6, 2000

CR2E034 (9/99)