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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P96000089517 CRYSTAL BAY CORPORATION, INC. 01-25-2001 90214 038 \*\*\*150.00 Principal Place of Business Mailing Address 7401 CENTRAL AVE. 7401 CENTRAL AVE. ST. PETESBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 11580 Oakhurst Road Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3407723 FL LARGO Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MESS, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 7401 CENTRAL AVE. ST. PETERSBURG FL 33710 LARGO 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. 1-15-2001 SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TONG, MARK W NAME STREET ADDRESS STREET ADDRESS 11580 OAKHURST ROAD CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33774** ☐ Change TITLE . ☐ Delete ☐ Addition NAME MERCER, JAMES C STREET ADDRESS 11580 OAKHURST ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 4 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR