

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State
 09-14-2001 90028 008 ***550.00

01112003 AT

DOCUMENT # P97000021429

1. Entity Name
CRYSTAL SANDS REALTY, INC.

Principal Place of Business
1602 HWY 98
MEXICO BEACH FL 32410
US

Mailing Address
PO BOX 13332
MEXICO BEACH FL 32410
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3446645**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWNELL, JANICE F
273 PATRICK ST DRER STREET
METICO BEACH FL 32410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **BROWNELL, JANICE F**
 STREET ADDRESS **273 PATRICK ST**
 CITY-ST-ZIP **MEYICO BEACH FL 32410**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **Mexico Beach FL 32410**
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **BROWNELL, CLINTON**
 STREET ADDRESS **273 PATRICIA ST.**
 CITY-ST-ZIP **MEXICO BEACH FL 32410**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **273 Patrick Street**
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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 of R. Brownell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/14/01 Daytime Phone # 8506484400

CR2E034 (5/01)