## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000060577 DOCUMENT #

1. Entity Name

JAMES CRYSTAL ENTERPRISES INC.

Principal Place 7 OCEAN PLA HIGHLAND BEA	GE 1	Mailing Address 7 OCEAN PLACE HIGHLAND BEACH FL 33487			ļ						
	ace of Business I Andrews Avenue	3. Mailing Address  SAME						51    61  1 <b> </b> \$	<b>41</b>    <b>5</b>	<b>    </b>	
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
<u>Ste 16</u>		City & State			. A E	El Number			I Ac	polied For	
City & State	derdale FL	City & State			4. 1	LI Number	65-0769960		No	ot Applicable	
Zip 33309			Country			5. Certificate of Status Desired Fee I			ee Require		
	6, Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
/	/' /			Name	Jam	es W.	Hilliard	i E			
	RICHARD ©	Street Address				ss (P.O. Box Number is Not Acceptable) O N AndrewsA ve Ste 160					
	RESS WOOD CT.		-	000	JU N A	marew	SA VE D	<u>ce_10</u>	<u> </u>		
LAKE WO	BPH FL 33467		L						J Zin Con		
	Λ /,			Ft 1	Lauder	dale		<u>FL</u>	Zip Cor		
8. The above the obligation SIGNATURE	named entity submits this statement of registered as factors.			d office or re	egistered age	ent, or both,	in the State of Flori	d 1/	amillar with,		
SIGNATURE -	Signature, typed or printed name of registered agen	and title if applicable. (NO	OTE: Registered	Agent signature	required when re	instating)		DATE	<del> </del>		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND		11.		AD	DITIONS/CI	HANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLARD, JAMES C 7 OCEAN PLACE HIGHLAND BEACH FL 33487			T ADDRESS ST-ZIP			·		☐ Change	☐ Addition	
TITLE NAME	DD HILLARD, JAMES W -2115-I SPRING HARBOR DELRAY BEACH FL 33487	☐ Delete	TITLE NAME STREE	T ADDRESS			rews Ave ale FL	Ste		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, CRYSTAL H 336 MORNING STAR LANE LAFAYETTE CO 80026	☐ Delete	•	T ADDRESS ST-ZIP	20_25				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP	•				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE		100	•			Change	☐ Addition	

**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90199 022 \*\*\*150.00



his filing does not gralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director versit of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report of supplemental report is supplemental report is eceiver or trustee only of the corporation or the changed, or on an attack

SIGNATURE:

CITY-ST-ZIP

UIRED

Hilliard James W.

1/27/03

Daytime Phone #