

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90015 011 ***150.00

MMARS AV

DOCUMENT # P97000077480

1. Entity Name
CRYSTAL TECHNOLOGIES & PAGING, INC.

Principal Place of Business

**1604 TENN AVE
 LYNN HAVEN FL 32444**

Mailing Address

**1604 TENN AVE
 LYNN HAVEN FL 32444**

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 **59-3460274**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

840090



6. Name and Address of Current Registered Agent

**SAMUELS, CYNTHIA
 7121 W. HWY. 98
 PANAMA CITY BEACH FL 32401**

7. Name and Address of New Registered Agent

Name **PATRICIA Fernandez**
 Street Address (P.O. Box Number is Not Acceptable)
1604 TENNESSEE AVENUE
 City **LYNN HAVEN FL** Zip Code **32444**

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 *Jeffrey Speers* **JEFFREY SPEERS, DIR.** **04-17-02**
Signature of officer 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, 2002 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 ☐ Delete
 NAME **D FERNANDEZ, ROBERT**
 STREET ADDRESS **356 EAGLE DR.**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32401**

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

TITLE ☐ Delete
 NAME **D SPEERS, JEFFREY**
 STREET ADDRESS **404 KENTUCKY AVE**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

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

TITLE ☐ Delete
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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: *Jeffrey Speers* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-02

Date

Daytime Phone #

CR2E034 (9/01)