

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082699

1. Entity Name

KRYSTAL KEY DEVELOPMENT CORPORATION

FILED

Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90037 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1533 WESTCREEK DR.

1533 WESTCREEK DR.

AZLE TX 76020

AZLE TX 76020

US

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2590 North Beach Rd.

3. Mailing Address

2590 North Beach Rd.

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Englewood, FL

City & State

Englewood, FL

Zip

34223

Country

US

Zip

34223

Country

US

4. FEI Number 65-0794707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLBAUM, R.W. J ESQ

1160 S MCGALL ROAD

SUITE B-

ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

Address Change Only

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

684 N. Indiana Avenue Suite 4

City

Englewood

FL

Zip Code

34223

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MILLER, CHARLES E SR.	
STREET ADDRESS	1533 WESTCREEK DR.	
CITY - ST - ZIP	AZLE TX 76020	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MILLER, RITA S	
STREET ADDRESS	1533 WESTCREEK DR.	
CITY - ST - ZIP	AZLE TX 76020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2590 North Beach Rd #1000 Correction	
CITY - ST - ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2590 North Beach Road #1000 Address Correction	
CITY - ST - ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

941.473-3733

Daytime Phone #

CR2E034 (10/00)