

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90631 004 ***150.00

0613795 AV

DOCUMENT # P97000082699

1. Entity Name

KRYSTAL KEY DEVELOPMENT CORPORATION

Principal Place of Business

2590 N BEACH ROAD
 STE 1000
 ENGLEWOOD FL 34223
 US

Mailing Address

2590 N BEACH ROAD
 STE 1000
 ENGLEWOOD FL 34223
 US

00000047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6820 MANASOTA KEY RD
 Suite, Apt. #, etc.

3. Mailing Address

6820 MANASOTA KEY ROAD
 Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL
 Zip 34223 Country US

City & State

ENGLEWOOD, FL
 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
 686 N INDIANA AVE STE A
 ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

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

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, 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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MILLER, CHARLES E SR. | |
| STREET ADDRESS | 2590 N BEACH ROAD | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | MILLER, RITA S | |
| STREET ADDRESS | 2590 N BEACH ROAD | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 6820 MANASOTA KEY ROAD |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 6820 MANASOTA KEY ROAD |
| 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:

Rita S. Miller RITA S. MILLER

2/12/02 941-473-9108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)