

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083592

1. Entity Name

KRYSTYLE RECORDS CORP.

Principal Place of Business

1233 THARPE ST.  
TALLAHASSEE FL 32303

Mailing Address

1233 THARPE ST.  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JONES, BERNARD  
4887 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name Bernard Jones  
Street Address (P.O. Box Number is Not Acceptable) 2131 N. Mendian Rd.  
Tallahassee  
City FL Zip 32303

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 **CEO** ☐ Delete  
NAME **JONES, BERNARD**  
STREET ADDRESS **4887 OLD BAINBRIDGE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **OCEO** ☒ Delete  
NAME **BAILEY, JAMAR**  
STREET ADDRESS **2129 BELLEVIEW WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **OCEO** ☒ Delete  
NAME **LANG, OTIS**  
STREET ADDRESS **2129 BELLEVIEW WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Attn: Bernard Jones Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90021 012 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

026010

CR2034 (10/00)

4/30/01 (850) 386-7601  
Daytime Phone #