

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000083592

1. Entity Name

KRYSTLE RECORDS CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2301 OLD BAINBRIDGE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

401 D

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

Zip

32303

Country

LEON

Zip

Country

4. FEI Number

59-3539115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BERNARD JONES

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

2301 OLD BAINBRIDGE RD

TALLAHASSEE

FL

32303

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

Bernard Jones

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 C.E.O. BERNARD JONES
NAME
STREET ADDRESS 2301 OLD BAINBRIDGE RD 401 D
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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-05/28/02--01046--001
****150.00 ****150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BERNARD JONES Bernard Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02

Date

(850)386-8987

Daytime Phone #

CR2E034B (12/01)