## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000085896 \_\_ CRYSTAL PALACE CONSULTING. INC. 04-12-2001 90053 032 \*\*\*150.00 Mailing Address Principal Place of Business 2302 S. MANHATTAN AVE..STE.313 2302 S. MANHATTAN AVE., STE. 313 **TAMPA FL 33629** 741169 **TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address 3931 C nandron 39.31 Chan Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3557213 Not Applicable Country untry-**\$8.75** Additional\_... 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUSCO, DOUGLAS A Street Address (P.Q. Box Number is Not Acceptable) 2302 S. MANHATTAN AVE., STE. 313 - TAMPA FL 33629 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. TURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. president Change ☐ Addition Douglas A. Fusco ☐ Defete TITLE TITLE NAME FUSCO, DOUGLAS A NAME Drive 13931 Chandron STREET ADDRESS STREET ADDRESS <del>2002 S. Manhattan Ave.,Ste.313</del> CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL-33620 Secretary / Treasurer & Change Connie G. Fusco ☐ Addition TITI F ☐ Delete TITLE NAME FUSCO, CONNIE G NAME Drive 13931 Chandron STREET ADDRESS STREET ADDRESS 2302 S. MANHATTAN AVE., STE. 313-CITY-ST-ZIP -CITY-ST-ZIP\_ -TAMPA-FL 33629 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

4-9-01 813-263-411
Daytime Phone #

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

ED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE**