

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000018380

1. Entity Name

JAMES CRYSTAL FLORIDA, INC.

Principal Place of Business

Mailing Address

4401 SOUTH OCEAN BLVD., #7
HIGHLAND BEACH FL 33487

4401 SOUTH OCEAN BLVD., #7
HIGHLAND BEACH FL 33487

2. Principal Place of Business

7 Ocean Place

3. Mailing Address

7 Ocean Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Highland Beach, FL

City & State

Highland Beach, FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0910748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOLLEY, THOMAS J JR. ESQ
639 E. OCEAN AVE., STE. 408
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

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

100004163671--2

-05/08/01--01148--001

City

****650.00 ****150.00
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, 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 D, Pres ☐ Delete
NAME HILLIARD, JAMES C SR.
STREET ADDRESS 4401 SOUTH OCEAN BLVD., #7
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Director, President ☒ Change ☐ Addition
NAME Hilliard, James C.
STREET ADDRESS 7 Ocean Place
CITY-ST-ZIP Highland Beach, FL 33487

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 MAY 17 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE