

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90197 049 ***150.00

DOCUMENT # P99000018380



1. Entity Name
JAMES CRYSTAL FLORIDA, INC.

Principal Place of Business
7 OCEAN PLACE
HIGHLAND BEACH FL 33487
US

Mailing Address
7 OCEAN PLACE
HIGHLAND BEACH FL 33487
US

2. Principal Place of Business

3. Mailing Address
6600 N Andrews Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ste 160

City & State

City & State
Ft Lauderdale FL

Zip

Country

Zip

33309

Country

US

4. FEI Number **65-0910748**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

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)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **HILLIARD, JAMES C SR.**
STREET ADDRESS **7 OCEAN PLACE**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

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

TITLE ☐ **Delete**
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12. 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 10 or Block 11 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

James C. Hilliard 1/27/03

Date

Daytime Phone #

CR2E034 (10/02)