

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038905

1. Entity Name
CRYSTAL EXCHANGE, INC.

Principal Place of Business
7365 N.W. 83RD COURT ROAD
OCALA FL 34482

Mailing Address
7365 N.W. 83RD COURT ROAD
OCALA FL 34482

2. Principal Place of Business

5100 West Silver Springs Blvd

Suite, Apt. #, etc.

Suite 700

City & State
Ocala FL

Zip
34482

Country

3. Mailing Address

5100 West Silver Springs Blvd

Suite, Apt. #, etc.

Suite 700

City & State
Ocala FL

Zip
34482

Country

USA

6. Name and Address of Current Registered Agent

PARDEW, SARAH J
7365 N.W. 83RD COURT ROAD
OCALA FL 34482

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.

SIGNATURE

Sarah J. Pardew

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-01

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	<input type="checkbox"/> Delete
NAME	PARDEW, SARAH J	
STREET ADDRESS	7365 N.W. 83RD COURT ROAD	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARDEW, ARTHUR H	
STREET ADDRESS	7365 N.W. 83RD COURT ROAD	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sarah J. Pardew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sarah J. Pardew 1-8-01 800-260-5766

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90102 044 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)