

FILED
Jun 05, 2002 8:00 am
Secretary of State
 05-15-2002 90074 040 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **799000071915** ✓
 1. Entity Name
CRYSTAL SHELL INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
CR 351 CEDAR MHN PARK
 Suite, Apt #, etc.

3. Mailing Address **P.O. Box 2398**
 Suite, Apt #, etc.

City & State
Cross-City FL

City & State
Cross-City FL

Zip
32628 Country **USA** Zip **32628** Country **USA**



91538

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3592059 Applied For
 No: Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **DIANE WHEELER**

Street Address (P.O. Box Number is Not Acceptable)
CR 351 CEDAR ST Cedar MHN Park #10

Cross City FL 32628

City **FL** Zip Code

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 _____ DATE _____
Signature typed or stamped name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. **NOT APPLICABLE**

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**

OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	PRESIDENT, SECRETARY, TREASURER DIANE WHEELER CR 351 Box 2398 Cross City, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	VICE PRESIDENT HOWARD E. WHEELER, JR CR 351 P O BOX 2398 CROSS CITY FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	DO NOT WRITE IN THIS SPACE
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CR2002B (12/01)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: **Diane Wheeler**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02