

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073556

1. Entity Name

PSYCHIC POWER CRYSTAL READER INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90013 022 \*\*\*150.00

Principal Place of Business

4505 N. ARMENIA AVE.  
TAMPA FL 33603

Mailing Address

4505 N. ARMENIA AVE.  
TAMPA FL 33603-2703

2. Principal Place of Business

4508 N ARMENIA AVE

Suite, Apt. #, etc.

3. Mailing Address

P O Box 1977

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Tampa FL

City & State  
SEFFNER FL

4. FEI Number  
59-3591200

Applied For  
Not Applicable

Zip  
33603

Country

Zip  
33584-1977

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREGORY, JEANETTE H  
4207 S. DALE MABRY-101 ASH  
TAMPA FL 33611

Name  
RH MECKS

Street Address (P.O. Box Number is Not Acceptable)  
1104 N PARSONS AVE

SUITE A

City  
BRANDON

FL

Zip Code  
33510

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  
RH MECKS

*RH Meeks*

1/22/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COOPER, SAMSON P  
4508 N. ARMENIA AVE.  
TAMPA FL 33603 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
COOPER, LINDA M  
4508 N. ARMENIA AVE.  
TAMPA FL 33603 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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: *Samson P.R. Cooper* 1/24/00 813-654-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)