## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am Secrétary of State P99000087677 **DOCUMENT #** 1. Entity Name 07-09-2002 90396 039 \*\*\*150.00 CRYSTAL RIVER ENTERPRISES, INC. Mailing Address Principal Place of Business 423 NORTHEAST 1ST STREET 423 NORTHEAST 1ST STREET B0127610 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0961979 City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, J.E. 423 NE 1ST STREET POMPANO BEACH FL 33060 Zip Code City Fl s this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE PD □ Delete TITLE NAME SMITH, J E NAME 423 NORTHEAST 1ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE **VD** TITLE NAME SMITH, LORI NAME STREET ADDRESS **423 NORTHEAST 1ST STREET** STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME Porter, Kathy -- ---NAMF STREET ADDRESS 423 NORTHEAST 1ST STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

changed, or on an attachment with

AHachment DH-pqqvvvs7v1, Bv1314**vv** 

July 2,2002

Florida Department of State; Division of Corporations P.O Box 6327 Tallahassee, Fl. 32314

Crystal River Enterprises, Inc. RE: FEI Number 65-0961979

Dear Sirs;

Enclosed please find check for the amount of \$150.00 that was sent to you on February 20, 2002. For some reason the post office returned the envelope to our office. However we did not realize that it was returned until we received your notice and after carefully researching our returned mail we noticed that it was returned to us. We apologize for the inconvenience and thank you for your understanding in this matter. If you have any questions please feel free to contact me at (954) 782-5200.

Respectfully,

Crystal Rivers Enterprises, Inc.