

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V55755**

1. Entity Name

FLORIDIAN HOMES OF CRYSTAL BEACH, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90085 023 ***550.00

Principal Place of Business

2931 SCENIC HWY 98
DESTIN FL 32541
US

Mailing Address

4477 LEGENDARY DRIVE
SUITE 101
DESTIN FL 32541
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3133728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULMER, TIMOTHY D
439 ADMIRAL COURT
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DV FULMER, MILTON H 4592 WOODWIND DRIVE DESTIN FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, LESTER J 4477 LEGENDARY DRIVE, SUITE 101 DESTIN FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, MILTON H 4592 WOOD WIND DR DESTIN FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS FULMER, TIMOTHY D 439 ADMIRAL COURT DESTIN FL 32541	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

9/10/02

850-837-3141

CR2E034 (4/02)