2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000052862** Feb 04, 2000 8:00 am **Secretary of State** CRYSTAL SPRINGS PROPERTIES, INC. 02-04-2000 90081 044 ***158.75 Principal Place of Business Mailing Address 1808 KINGLET COURT 500 S CHAFFEE ROAD COSTA MESA CA 92626-4840 JACKSONVILLE FL 32221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-3207753 Not Applicable Country \$8.75 Additional 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 CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI FL 33131 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 V 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME **HUTCHINS, C. EUGENE** STREET ADDRESS 1808 KINGLET COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COSTA MESA CA 92626 ☐ Addition Change ☐ Delete TITLE TITLE **HUTCHINS, TRUDY J** NAME STREET ADDRESS STREET ADDRESS 1808 KINGLET COURT CITY-ST-ZIF CITY-ST-ZIP COSTA MESA CA 92626 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR