

FILED
Apr 10, 2008 8:00 am
Secretary of State

DOCUMENT # F59900			
1. Entity Name CHRISTOPHER, SMITH, LEONARD, BRISTOW, & STANELL, P.A.			
Principal Place of Business 1001 3RD AVENUE WEST, SUITE 700 BRADENTON, FL 34205		Mailing Address P. O. BOX 1251 BRADENTON, FL 34206-1251	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
STANELL, ROBERT E 1001 THIRD AVE WEST SUITE 700 BRADENTON, FL 34205			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5 Ad	
10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, RICHARD D. 4915 18 AVE W BRADENTON, FL 34209 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEONARD, EDWARD J. 7819 18TH AVE. N.W. BRADENTON, FL 34209 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRISTOW, LISA K 6112 SHORE ACRES DRIVE BRADENTON, FL 34209 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STANELL, ROBERT E 6116 SHORE ACRES DRIVE BRADENTON, FL 34209 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLARKSON, JULIAN L 4957 SOUTHERN WOOD DR SARASOTA, FL 34241 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DIA 193 PA
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



XXXXXXXXXX



04012008 Chq-P CR2E034 (12/06)

4. FEI Number 59-2142260	Applied For
	Not Applicable

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

STANELL, ROBERT E
1001 THIRD AVE WEST SUITE 700
BRADENTON, FL 34205

Name _____

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

City

FL

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. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VDT	☐ Delete
NAME	SMITH, RICHARD D.	
STREET ADDRESS	4915 18 AVE W	
CITY - ST - ZIP	BRADENTON, FL 34209	

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

TITLE	VD	☐ Delete
NAME	LEONARD, EDWARD J.	
STREET ADDRESS	7819 18TH AVE. N.W.	
CITY-ST-ZIP	BRADENTON, FL 34209	

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

TITLE	VD	☐ Delete
NAME	BRISTOW, LISA K	
STREET ADDRESS	6112 SHORE ACRES DRIVE	
CITY - ST - ZIP	BRADENTON, FL 34209	

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

TITLE	PD	☐ Delete
NAME	STANELL, ROBERT E	
STREET ADDRESS	6116 SHORE ACRES DRIVE	
CITY - ST - ZIP	BRADENTON, FL 34209	

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

TITLE	VD	☐ Delete
NAME	CLARKSON, JULIAN L	
STREET ADDRESS	4957 SOUTHERN WOOD DR	
CITY - ST - ZIP	SARASOTA, FL 34241	

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	VD	☐ Change	☒ Addition
NAME	DILLINGHAM RAYNOLD C.		
STREET ADDRESS	1930 24TH AVE. W.		
CITY-ST-ZIP	PALM BEACH 33422-1		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #