

2002 UNIFORM BUSINESS REPORT (UBR)

04-10-2002 90666 026 ****61.25
 FILE NO 2000001297

0001532 AT

DOCUMENT # **-P01000110354- NIC NOT**
 1. Entity Name
TUBA X-MAS, INC. NO 2000001297 filec
NOT-FOR-PROFIT CORP. (S)

02 APR 25 PM 3:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

~000463

Principal Place of Business Mailing Address
 2119 WINTERBOURNE W 2119 WINTERBOURNE W
 ORANGE PARK FL 32073 ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number EIN 59-37608-17 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HALL, ARTHUR L
 2119 WINTERBOURNE W
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
 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.
 SIGNATURE SEE ATTACHED LETTER NO 902A00010858 \$ 61.25 (comp check #1004)
(NOTE: Registered Agent Signature Required when re-registering) 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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HALL, ARTHUR L	
STREET ADDRESS	2119 WINTERBOURNE W	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HALL, SUNA J	
STREET ADDRESS	2119 WINTERBOURNE W	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKMAN, MARC	
STREET ADDRESS	10352 MARBLE EGRETS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALLMAN, LARRY	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, LYNN	
STREET ADDRESS	2873 ROBINETTE DR	
CITY-ST-ZIP	ORANGE PK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Hall ARTHUR HALL, DP 15 APR 02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)