2002 Uniform Business Report (UBR)

SIGNATURE: Ch PONTED PONTED PRINTED PANES | SIGNING OFFICER OR DIRECTOR

2002	2 uniform Busi	NESS REPO	RT	(UBI	₹)		FILI Apr 03, 200		3:00	am	
DOCUMENT # P97000046908						Apr 03, 2002 8:00 am Secretary of State					
1. Entity Nan CHRISTO	^{ne} IPHER J. RUSH & ASSOCIA	TES, P.A.					04-03-2002 90029				
Principal Place of Business 8305 SO. MILITARY TRAIL BOYNTON BEACH FL 33426-1506 US		Mailing Address 8305 SO. MILITARY TRAIL BOYNTON BEACH FL 33426-1506 US				SCACAC					
•	Place of Business So. Military Trail #, etc.	3. Mailing Address 8305 So. Military Trai Suite, Apt. #, etc.									
City & Stat	e on Beach, Florida	City & State Boynton Beach, Florida				4. FI	65-0756951		_ 	oplied For ot Applicable	
Zip 33436	Country	Zip 33436-1506	Count			5. C	ertificate of Status Desired -		8.75 Add	ditional	
	6. Name and Address of Current F		03			7. N	ame and Address of New Regist				
RUSH, CHRISTOPHER J ESQ.				Name							
	MILITARY TRAIL			Street A	ddress (P.0 —	Э. Вс 	ox Number is Not Acceptable)				
BOYNTON BEACH FL 33426-1506									T		
				City		_		FL	Zip Cod	e	
SIGN#TURE	named entity submits this statement for	C					March	98 /	7003		
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550 Make Check Payable to Department o)0 50.00		Election Campaign Financir Trust Fund Contribution.	g 🖂		May Be to Fees	
11.	OFFICERS AND D		12.				DITIONS/CHANGES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUSH, CHRISTOPHER J 1903 SOUTH CONGRESS AVENUE, SUITE 320				Rush 8305	rirector ☑ Change ☐ Addition ☐ Lush, Christopher J. 3305 So. Military Trail 3oynton Beach, Florida 33436-1506					
TITLE NAME STREET ADDRESS -CITY-ST-ZIP	MANOOGIAN, ARA R 1903 SOUTH CONGRESS AVENUE, SUITE 320		11	Ĭ			,		Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREE		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	II						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	16] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	II	1					Change	Addition	
indicated of the cor	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empov or on an attachment with an address, w	rue and accurate and that my vered to execute this report as	/ signati	ure shall ha	ave the sar	ne le	gal effect as if made under oath; t	hat I am	an officer	or director	