APR-24-2003 16:35 STAHL AND ASSOCIATES

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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90999 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046908

90119109

1. Entity Name
CHRISTOPHER J. RUSH & ASSOCIATES, P.A.

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

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0756951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUSH, CHRISTOPHER J ESQ.
8305 SO. MILITARY TRAIL
BOYNTON BEACH, FL 33426-1506

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE ______

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RUSH, CHRISTOPHER J	NAME	
STREET ADDRESS	8305 SOUTH MILITARY TRAIL	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426-1506	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 # ______

CR2E104 (10/02)