

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90141 004 ***150.00

0452894 AV

DOCUMENT # 358633

1. Entity Name

JIM CRIST ENTERPRISES, INC.

Principal Place of Business

**1040 SEMINOLE BLVD.
 LARGO FL 34640**

Mailing Address

**ACCT. OFFICE
 1426 GULF TO BAY BLVD. SUITE C
 CLEARWATER FL 34615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33755

4. FEI Number

59-1426993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRIST, J.G.
 1426 GULF-TO-BAY BLVD.
 SUITE C
 CLEARWATER FL 34615**

Name

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

City

FL

Zip Code

33755

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CRIST, JAMES G**
 STREET ADDRESS **160 HARBORAGE CT.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **3124 TIFFANY DRIVE**
 STREET ADDRESS **BELLEAIR BEACH, FL**
 CITY-ST-ZIP **33786**

TITLE **S** ☐ Delete
 NAME **CRIST, GREGORY G**
 STREET ADDRESS **1701 PATLIN CIRCLE N.**
 CITY-ST-ZIP **LARGO FL 34640**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

JAMES G. CRIST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 727-447-3822

Date

Daytime Phone #

CR2E034 (9/01)