

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90156 032 \*\*\*550.00

**DOCUMENT #** 533569

1. Entity Name

MR. Christain,s, Inc.

LA

Principal Place of Business

Mailing Address

P.O. Box 2309  
 Pensacola, FL 32513

Routel Box 532-T  
 Grantsville, WV  
 26147-9750

00063318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1738443

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Stam, Robert A CPA  
 125 6th Street  
 Fernadina Beach, FL 32034

Name Michael J. Stebbins, Esq.

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

504 North Baylen Street

City Pensacola

FL

Zip Code 32501

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/5/01

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, 2001 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 PD ☐ Delete  
 NAME Masiarczyk, Frank SR  
 STREET ADDRESS 3281 Bayou Blvd  
 CITY-ST-ZIP Pensacola, FL

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

TITLE ☐ Delete  
 NAME ST, Masiarczyk, Linda  
 STREET ADDRESS 3281 Bayou Blvd  
 CITY-ST-ZIP Pensacola, FL

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  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audra L. Edwards P.O.A. Audra L. Edwards 09/07/01  
 \* 770-831-1775

CR2E034 (11/00)

*Attachment*  
*#533569*  
*D666338*  
**GENERAL POWER OF ATTORNEY**

COPY

KNOWN TO ALL MEN BY THESE PRESENTS, which constitute a GENERAL POWER OF ATTORNEY, that I, Linda Masiarczyk, a legal resident of Grantsville, West Virginia, do hereby appoint AUDRA LYNN EDWARDS and/or CHRIS EDWARDS, my daughter and son-in-law, as my attorney in fact and to act as follows:

1. In my name, place and stead in anyway in which I myself could do, if I were personally present, with respect to the following:
  - (a) Real Estate transactions; chattel and goods transactions; bond share and commodity transactions; banking transactions; business operating transactions; insurance transactions; estate transactions; loan transactions; guaranty or surety transactions; accommodation endorser transactions; claims and litigations; personal relationships and affairs; records, reports, and statements; endorsing all checks made payable to me and depositing them into accounts; writing checks on my bank accounts; signing my name to all legal documents of every type and variety including deeds and bills of sale; and
  - (b) Any and all other matters, including having the right of access to any safety deposit box and removing the contents therefrom; admitting me into and discharging me from hospitals, nursing homes and personal care facilities; and consenting on my behalf to the rendering or withholding of any and all medical procedures including surgery.
2. My aforesaid attorney in fact shall have full authority to delegate any or all of the foregoing powers to any person or persons whom my attorney in fact I shall deem as qualified, and any selection shall be expressly designated by written instrument.
3. This GENERAL POWER OF ATTORNEY shall not be affected or terminated by my subsequent disability, however, if incarcerated for any reason this document shall become terminated upon the completion of my sentence, and my subsequent discharge and release from a correctional facility. This document shall be construed to terminate any/all previous GENERAL POWERS OF ATTORNEY constructed and filed with appropriate authorities.
4. This document is not to be construed narrowly, restrictively, selectively; rather it is to be construed in a broad and liberal manner to implement my manifest intention, herein clearly and unambiguously expressed, which is to vest my attorney in fact with sweeping and total authority over all my affairs. Not only

*Attachment*  
*#533569*  
*D0063318*

will this document be effective within the State of West Virginia, it will be effective throughout all of the United States, so I declare and command.

IN WITNESS WHEREOF, I have hereunto signed my name this 23<sup>rd</sup> day of October, 2000.

*Linda Masiarczyk*  
LINDA MASIARCZYK

STATE OF WEST VIRGINIA

COUNTY OF CABELL TO WIT:

I, Kristie L. Shackelford, a Notary Public in and for the County and State said, do hereby certify that LINDA MASIARCZYK, whose name is signed to the foregoing writing, bearing date the 23<sup>rd</sup> day of October 2000, has this day acknowledged the same before me.

Given under my hand this 23<sup>rd</sup> day of October, 2000.



*Kristie Shackelford*  
Notary Public

#### CERTIFICATION

I, Kristie L. Shackelford, hereby certify that the above document is a true copy thereof.

Given under my hand this 29<sup>th</sup> day of August, 2001.



*Kristie L. Shackelford*  
Notary Public