

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770338

1. Entity Name

CHRISTOPHER ASSURANCE, INC.

Principal Place of Business

Mailing Address

6363 9TH AVE N  
POB 40200  
ST PETERSBURG FL 33743

6363 9TH AVE N  
POB 40200  
ST PETERSBURG FL 33743

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 59-2356987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, PAUL A. JR.  
6363 9TH AVE. NORTH  
ST. PETERSBURG FL 33743

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MULDOON, BRENDAN  
STREET ADDRESS 6363 9TH AVENUE NO.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE ST  
NAME WARD, PAUL A. JR.  
STREET ADDRESS 6363 9TH AVENUE NO.  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE VD  
NAME GIBBONS, ROBERT C.  
STREET ADDRESS 6363 9TH AVE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE C  
NAME LYNCH, ROBERT  
STREET ADDRESS 6363 9TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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 powers.

SIGNATURE

SIGNATURE *Robert C. Gibbons* Sec of Treas.

9/11/01

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FILED  
Sep 18, 2001 8:00 am  
Secretary of State

09-18-2001 90081 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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