

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003508

1. Entity Name
CHRISTIAN INVESTORS NETWORK INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90087 016 ***150.00

Principal Place of Business
6541 54TH AVE., N.
SAINT PETERSBURG FL 33709

Mailing Address
6541 54TH AVE., N.
SAINT PETERSBURG FL 33709

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

52-231 4253

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

ANTONIO, DAN
6541 54TH AVE
SAINT PETERSBURG FL 33789

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

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 PD
NAME SCHUSTER, BILL
STREET ADDRESS 10609 BAY PINES BLVD.
CITY-ST-ZIP SAINT PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME DOUGLAS, CAPTAIN
STREET ADDRESS 6560 FIRST AVE., NORTH
CITY-ST-ZIP SAINT PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CT
NAME LIVINGSTON, TODD
STREET ADDRESS 7400 US HWY 19
CITY-ST-ZIP NEW PORT RICHEY FL

☒ Delete

TITLE LT
NAME THOMAS, DEBRA
STREET ADDRESS 106 Columbia Drive
CITY-ST-ZIP TAMPA, Florida 33606

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 2002

Date

727 897-9525

Daytime Phone #

CR2E034 (9/01)