

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90147 003 ***150.00

DOCUMENT # F01000003508

1. Entity Name
CHRISTIAN INVESTORS NETWORK INC.



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

4. FEI Number
52-2314353

Applied For
Not Applicable

Zip Country Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

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
DOUGLAS PAXTON
Street Address (P.O. Box Number is Not Acceptable)
**6541 54TH AVE. N.
ST. PETERSBURG FL 33709**

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 *[Signature]* **DOUGLAS PAXTON** (NOTE: Registered Agent signature required when reinstating) **JAN. 4, 2003** DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

TITLE **P/D** ☒ Change ☐ Addition
NAME **BARBARA BRENNAN**
STREET ADDRESS **17208 TIFFANY SHORE DR.**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **S** ☐ Delete
NAME **DOUGLAS, CAPTAIN**
STREET ADDRESS ~~6500 FIRST AVE., NORTH~~
CITY-ST-ZIP **SAINT PETERSBURG FL**

TITLE **S/D** ☒ Change ☐ Addition
NAME **DOUGLAS, CAPTAIN**
STREET ADDRESS **6541 54TH AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE **CT** ☒ Delete
NAME ~~RYETTEL, DEBRA~~
STREET ADDRESS **106 COLUMBIA DRIVE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **T/D** ☒ Change ☐ Addition
NAME **LORI KAIPING**
STREET ADDRESS **5108 E. ONEIDA ST.**
CITY-ST-ZIP **PHOENIX, AZ 85044**

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
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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 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]* **BARBARA BRENNAN** **JAN 4, 2003** **8139493481**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)