

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90234 035 \*\*\*150.00

**DOCUMENT # F95000005858**

1. Entity Name  
**CHRISTIAN FINANCIAL SERVICES INC.**

Principal Place of Business  
**1097-B DOUGLAS AVE.  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**6030 LONG PEAK DR  
 ORLANDO FL 32810**

**00056816**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**933 Douglas Ave**  
 Suite, Apt. #, etc.  
**Suite 2**

3. Mailing Address  
**Same as above**  
 Suite, Apt. #, etc.

City & State  
**Altamonte Springs, FL**

City & State

4. FEI Number **59-3288516**

Applied For  
 Not Applicable

Zip **32714** Country **Seminole**

Zip Country

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**

**ROGERS, JEFFREY P  
 6030 LONG PEAK DR  
 ORLANDO FL 32810**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCPV ROGERS, JEFFREY P 6030 LONG PEAK DR ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROGERS, JEFFREY P 6030 LONG PEAK DR ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jeff Rogers **JEFF ROGERS, PRESIDENT + CEO** 3-12-2001 407-293-5800  
Signature and Type or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)