

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F99000006585

1. Entity Name
CHRISTOPHER INTERIORS INC.



FILED

03 DEC -5 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11499 NIGHT HERON DR.
NAPLES FL 34119

Mailing Address
11499 NIGHT HERON DR.
NAPLES FL 34119

2. Principal Place of Business
13523 Pond Apple Dr E
Suite, Apt. #, etc.

3. Mailing Address
13523 Pond Apple Dr E
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34119

Country
USA

Zip
34119

Country
USA

REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

4. FEI Number 35-1620316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, CHRISTOPHER M
11499 NIGHT HERON DR.
NAPLES FL 34119

7. Name and Address of New Registered Agent
Name CHRISTOPHER M SMITH
Street Address (P.O. Box Number is Not Acceptable)
13523 Pond Apple Dr E
City NAPLES FL Zip Code 34119

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 *Christopher M. Smith, President* DATE Oct 10, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPT SMITH, CHRISTOPHER M 11499 NIGHT HERON DR. NAPLES FL 34119 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, RICHARD L 7430 LAKE BREEZE DR. #106 FT. MYERS FL 33907 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200025256972 12/05/03--01043--017 **750.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Christopher M. Smith* DATE Oct 10 DAYTIME PHONE # 239 592 1024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)