


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 26 PM 3:46

DOCUMENT # <b>M 80188</b>	
1. Entity Name <b>CHRISTIAN BUSINESS DIRECTORY-USA, INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>P.O. Box 9583</b>	3. Mailing Address <b>P.O. Box 9583</b>
Subs. Apt. #, etc.	Subs. Apt. #, etc.
City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
Zip <b>33310</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0058361</b>	Applied For <input type="checkbox"/> No, Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <b>JAMES B. DENMAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2400 E COMMERCIAL BLVD. STE 208</b>	
City <b>FORT LAUDERDALE</b>	Zip Code <b>FL 33308</b>

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and date (Applicable)

(If NOT Registered Agent, signature required on other certificate)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PRESIDENT</b> <b>CECIL A SMITH</b> <b>2041 NE 54 COURT</b> <b>FORT LAUDERDALE, FL 33308</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>800060184958</b> <b>10/03/05--01050--007 **\$50.00</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VICE PRESIDENT</b> <b>GAIL E SMITH</b> <b>2041 NE 54 COURT</b> <b>FORT LAUDERDALE, FL 33308</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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. (The 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 on an attachment with a address, with all other I am empowered)

SIGNATURE: Cecil A Smith Cecil A. Smith 9/21/05 954-351-0673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

September 10, 2005

CHRISTIAN BUSINESS DIRECTORY  
SMITH PUBLICATIONS  
P.O. BOX 9583  
FORT LAUDERDALE, FL 33310-9583

Subject: **CHRISTIAN BUSINESS DIRECTORY**

Reference Number: **000000447260**

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION