

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 013 ****61.25

DOCUMENT # N02000000431

1. Entity Name

CHRISTLIKE FLAVOR MINISTRIES, INC.



DO NOT WRITE IN THIS SPACE

10090938

2. Principal Place of Business

1416 REDBIRD CREEK DR

Suite, Apt. #, etc.

3. Mailing Address

1416 REDBIRD CREEK DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

Zip

32221

Country

DUVAL

City & State

JACKSONVILLE, FL

Zip

32221

Country

DUVAL

4. FEI Number

01-0575394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRAILSFORD, MARLAND

Street Address (P.O. Box Number is Not Acceptable)

1416 REDBIRD CREEK DR

City

JACKSONVILLE

FL

Zip Code

32221

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

Marland Brailsford

MARLAND M BRAILSFORD, PRES.

4/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering).

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	BRAILSFORD, MARLAND M	1416 REDBIRD CREEK DR	JACKSONVILLE, FL 32221				
SD	BRAILSFORD, SHIRIKA R	1416 REDBIRD CREEK DR	JACKSONVILLE, FL 32221				

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marland Brailsford

MARLAND M BRAILSFORD

4/25/03

904-695-4442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)