

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03428

1. Entity Name

CHRISTIAN'S HELP, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90018 007 ****61.25

Principal Place of Business

Mailing Address

1219 FRANKLIN CIRCLE
1219 SOUTH FRANKLIN CIRCLE
CLEARWATER FL 34616-5815
US

1219 FRANKLIN CIRCLE
1219 SOUTH FRANKLIN CIRCLE
CLEARWATER FL 33756-5815
US

2. Principal Place of Business

1219 Franklin Circle

3. Mailing Address

1219 Franklin Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33756-5815

Country

US

Zip

33756-5815

Country

US

4. FEI Number

59-2422601

Applied For

Not Applicable

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

CROWN, ROBERT E.

1219 FRANKLIN CIRCLE

CLEARWATER FL 33756-5815

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEI IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWN, ROBERT E. 1219 S FRANKLIN CIR CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MURRAY, MARY LOU 1420 MORROW DRIVE CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKMAN, CARL V 899 BAY ESPLANADE CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINARD, PATRICK W 201 HOWARD DR BELLEAIR BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWN, RONALD C 2 SEASIDE LANE, UNIT 104 BELLEAIR FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - Robert E. Crown 1219 Franklin Circle Clearwater, FL 33756-5815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mary Lou Murray 1420 Morrow Dr. Clearwater, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P, D Carl V. Wickman 899 Bay Esplanade Clearwater, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patrick W. Rinard 201 Howard Dr. Belleair Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P, D Ronald C. Crown 2 Seaside Lane, Unit 104 Belleair, FL 33756	<input checked="" 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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 727/446 3091