

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03428

1. Entity Name

CHRISTIAN'S HELP, INC.

Principal Place of Business

Mailing Address

1219 FRANKLIN CIRCLE
CLEARWATER FL 33756-5815
US

1219 FRANKLIN CIRCLE
CLEARWATER FL 33756-5815
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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:
FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CROWN, ROBERT E.
STREET ADDRESS 1219 S FRANKLIN CIR
CITY-ST-ZIP CLEARWATER FL 33756-5815

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SDT ☐ Delete
NAME MURRAY, MARY LOU
STREET ADDRESS 1420 MORROW DRIVE
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME WICKMAN, CARL V
STREET ADDRESS 899 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☒ Change ☐ Addition
NAME WICKMAN, CARL V.
STREET ADDRESS 7 MIDWAY ISLAND
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE SD ☐ Delete
NAME RINARD, PATRICK W
STREET ADDRESS 201 HOWARD DR
CITY-ST-ZIP BELLEAIR BCH FL 33785

TITLE ☒ Change ☐ Addition
NAME RINARD, PATRICK W.
STREET ADDRESS 801 OSCEOLA ROAD
CITY-ST-ZIP BELLEAIR, FL 33756

TITLE VPD ☒ Delete
NAME CROWN, RONALD C
STREET ADDRESS 2 SEASIDE LANE, UNIT 104
CITY-ST-ZIP BELLEAIR FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Robert E. Crown, PD

1/8/01

727/446-3091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

1063103

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90096 029 ****61.25



DO NOT WRITE IN THIS SPACE