

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90937 002 ****61.25

DOCUMENT # N33710

1. Entity Name

CHRISTMAS TOY SHOP PROJECT, INC.

Principal Place of Business

550 16TH STREET NORTH
 ST. PETERSBURG FL 33705

Mailing Address

550 16TH STREET NORTH
 ST. PETERSBURG FL 33705

040141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0970736

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOYDSTUN, C. BRYANT, JR.
2600 NINTH STREET NORTH
ST. PETERSBURG FL 33704

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 **P** Delete
 NAME **RUTLAND, ARDITH**
 STREET ADDRESS **1281 SNELL ISLAND BLVD**
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AST** Delete
 NAME **NADEAN JENSEN**
 STREET ADDRESS **4322 22ND AVE. NO.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **THOMAS E. MCLEAN, SR.**
 STREET ADDRESS **1339 43RD AVE N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DONAHU, B A**
 STREET ADDRESS **762 LIVE OAK TERR NE**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE Change Addition
 NAME **DUANE KAUFHOLD**
 STREET ADDRESS **1200 MONTEREY BLVD NE**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE **D** Delete
 NAME **MCLEAN, B S**
 STREET ADDRESS **2900 BANDERA WAY NE**
 CITY-ST-ZIP **ST PETE FL 33704**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DOUGLASS, T**
 STREET ADDRESS **2811 PASS A GRILLE WAY**
 CITY-ST-ZIP **ST PETE FL 33703**

TITLE Change Addition
 NAME **LAE SLOVE**
 STREET ADDRESS **7250 10th AVE No**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

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: *THOMAS E. MCLEAN, SR.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

4-26-01

CR2E037 (10/00)