

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90005 007 \*\*\*\*61.25

**DOCUMENT # N33710**  
 1. Entity Name  
**CHRISTMAS TOY SHOP PROJECT, INC.**

Principal Place of Business <b>550 16TH STREET NORTH ST. PETERSBURG FL 33705</b>	Mailing Address <b>550 16TH STREET NORTH ST. PETERSBURG FL 33705</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-0970736</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**BOYDSTUN, C. BRYANT, JR.**  
**2800 NINTH STREET NORTH**  
**ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent  
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUTLAND, JARDITH</b> <b>1281 SNELL ISLAND BLVD</b> <b>ST PETERSBURG FL 33703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>NADEAN JENSEN</b> <b>4322 22ND AVE. NO.</b> <b>ST. PETERSBURG FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>THOMAS E. MCLEAN, SR.</b> <b>1339 43RD AVE N.</b> <b>ST. PETERSBURG FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAUFHOLD, DUANE</b> <b>1200 MONTEREY BLVD NE</b> <b>SAINT PETERSBURG FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCLEAN, B S</b> <b>2900 BANDERA WAY NE</b> <b>ST PETE FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLONE, LEE</b> <b>7250 10TH AVE NO.</b> <b>SAINT PETERSBURG FL 33710</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas E. McLean Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-02 (727) 898-3962**  
 Date Daytime Phone #

CR2E037 (9/01)