

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90403 049 ****70.00

DOCUMENT # N47412

1. Entity Name

2 CHRIST - THE SOLUTION, INC.

Principal Place of Business	Mailing Address
STATE OF FLORIDA 240 N. COLLIER BLVD. # G-8 MARCO ISLAND FL 34145-1081 US	2 CHRIST- THE SOLUTION P.O. BOX 1081 MARCO ISLAND FL 34146-1081 US

00041004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
State of Florida	" "
Suite, Apt. #, etc.	Suite, Apt. #, etc.
" "	" "
City & State	City & State
" "	" "
Zip	Zip
" "	" "
Country	Country
" "	" "

4. FEI Number	Applied For
65-0315016	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
RINALDI, ROBERT M., REV. 240 G COLLIER BLVD, APT G-8 G-8 MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
Name
Same
Street Address (P.O. Box Number is Not Acceptable)
City
Marco Island
FL
Zip Code
34146-1081

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	Rest Robert M. Rinaldi, c.e.o./President / 2 Christ	4/23/2000 A.D.
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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINALDI, ANTHONY	NAME	
STREET ADDRESS	500-285A PECONIC ST.	STREET ADDRESS	
CITY-ST-ZIP	RONKONKOMA NY	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINEY RINALDI, MARY ANN	NAME	
STREET ADDRESS	240 NO. COLLIER BLVD G-8	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145-1081	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCETTA, DENISE	NAME	
STREET ADDRESS	730 SANTA MARIA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINALDI, ROBERT M	NAME	
STREET ADDRESS	167 N COLLIER BLVD J-3	STREET ADDRESS	
CITY-ST-ZIP	MARCO FL	CITY-ST-ZIP	
TITLE	TA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENIER, ALBERT R	NAME	
STREET ADDRESS	13269 N 104TH PL	STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ	CITY-ST-ZIP	
TITLE	AD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLZ, TERRY	NAME	
STREET ADDRESS	1791 ORANG BLVD	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	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:	Rest Robert M. Rinaldi, c.e.o./President / 2 Christ	4/23/2000 (800)	Savior-8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)