

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47412

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: 2 CHRIST - THE SOLUTION, INC.

Current Principal Place of Business:

STATE OF FLORIDA
255 MANOR BLVD #2012
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

2 CHRIST- THE SOLUTION
P.O. BOX 1081
MARCO ISLAND, FL 341461081 US

New Mailing Address:

FEI Number: 65-0315016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RINALDI, ROBERT M., REV.
255 MANOR BLVD
#2012
MARCO ISLAND, FL 34145

Name and Address of New Registered Agent:

ROBERT M. RINALDI, REV./C.E.O.
255 MANOR BLVD
#2012
MARCO ISLAND, FL 34145

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: 2 CHRIST

04/28/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: RINALDI, ANTHONY
Address: 500-285A PECONIC ST.
City-St-Zip: RONKONKOMA, NY

Title: T () Delete
Name: HARTLEY, KAREN E
Address: 4742 JACKFISH RD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T () Delete
Name: LOCETTA, DENISE
Address: 730 SANTA MARIA DRIVE
City-St-Zip: WINTER HAVEN, FL

Title: P () Delete
Name: RINALDI, ROBERT M
Address: 255 MAONR BLVD #2012
City-St-Zip: NAPLES, FL 34104

Title: TA () Delete
Name: MENIER, ALBERT R
Address: 13269 N 104TH PL
City-St-Zip: SCOTTSDALE, AZ

Title: AD () Delete
Name: SCHOLZ, TERRY
Address: 1791 ORANG BLVD
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: RINALDI, ANTHONY
Address: 500-285A PECONIC ST.
City-St-Zip: RONKONKOMA, NY 11779 US

Title: T (X) Change () Addition
Name: RINALDI, KAREN E
Address: 255 MANOR BLVD. APT.# 2012
City-St-Zip: NAPLES, FL 34104 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. ROBERT M. RINALDI

PRES

04/28/2002

Electronic Signature of Signing Officer or Director

Date