

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90068 043 ****70.00

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DOCUMENT # N96000001638

1. Entity Name

CHRISTY'S HOME OF FLORIDA, INC.

Principal Place of Business

**1603 MOSAIC FOREST DRIVE
SEFFNER FL 33584-5569
US**

Mailing Address

**1603 MOSAIC FOREST DRIVE
SEFFNER FL 33584-5569
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

59-3456274

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, BENNIE D
1603 MOSAIC FOREST DRIVE
SEFFNER FL 33584-5569**

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 \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	PETRELIS, MICHELLE M	
STREET ADDRESS	4907 SHIRLEY DRIVE	
CITY - ST - ZIP	TAMPA FL 33603-1725	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	TAYLOR, BENNIE	
STREET ADDRESS	1603 MOSAIC FOREST DRIVE	
CITY - ST - ZIP	SEFFNER FL 33584-5569	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, VIRELLA	
STREET ADDRESS	301 W ALVA ST	
CITY - ST - ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERWIN, SCOTT D	
STREET ADDRESS	3510 WINN LEE DR	
CITY - ST - ZIP	DOVER FL 33527	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VIALIZ, WILDA	
STREET ADDRESS	301 W ALVA ST	
CITY - ST - ZIP	TAMPA FL 33603	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, DANIEL A	
STREET ADDRESS	2905 KNIGHTS STATION RD	
CITY - ST - ZIP	LAKELAND FL 33809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-02 (813) 651-5175

CR2E037 (9/01)