

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000020837

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

Entity Name: CHRISOTTO INTERNATIONAL CONSULTANTS, INC.

**Current Principal Place of Business:**

5121 EHRLICH ROAD  
SUITE 107-B  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

5121 EHRLICH ROAD  
SUITE 107-B  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 59-3626828      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALESSANDRI, PETER  
5121 EHRLICH ROAD, SUITE 107-B  
TAMPA, FL 33624

**Name and Address of New Registered Agent:**

ALESSANDRI, P D  
5121 EHRLICH ROAD, SUITE 107-B  
TAMPA, FL 33624

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: P D ALESSANDRI      04/26/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ALESSANDRI, PETER  
Address: 5121 EHRLICH ROAD, SUITE 107-B  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: ALESSANDRI, P D  
Address: 5121 EHRLICH ROAD, SUITE 107-B  
City-St-Zip: TAMPA, FL 33624

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: P D ALESSANDRI      P      04/26/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date