

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90686 020 ***150.00

DOCUMENT # P00000020837



1. Entity Name
CHRISOTTO INTERNATIONAL CONSULTANTS, INC.

Principal Place of Business
**5121 EHRlich ROAD -
SUITE 107-B
TAMPA FL 33624**

Mailing Address
**5121 EHRlich ROAD -
SUITE 107-B
TAMPA FL 33624**



2. Principal Place of Business
5121 Ehrlich Road
Suite, Apt. #, etc.
Suite 107-C

3. Mailing Address
5121 Ehrlich Road
Suite, Apt. #, etc.
Suite 107-C

CHECK HERE IF MAKING CHANGES

City & State
Tampa, Florida 33624

City & State
Tampa, Florida 33624

4. FEI Number **59-3626828** Applied For
Not Applicable

Zip Country
33624 USA

Zip Country
33624 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Paul G. Alessandri
Street Address (P.O. Box Number is Not Acceptable)
19425 Morden Blush Drive
City **Lutz, FL** Zip Code **33549**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

1/9/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALESSANDRI, P D 5121 EHRlich ROAD, SUITE 107-B TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Paul G. Alessandri 19425 Morden Blush Drive Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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

1/9/03 **8139612351**
Date Daytime Phone #

CR2E034 (10/02)