

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90109 019 ***158.75

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1. Entity Name

Christian to Christian, Inc.



DO NOT WRITE IN THIS SPACE

JUUJUUJ4

2. Principal Place of Business
11590 Seminole Blvd.

3. Mailing Address
11590 Seminole Blvd.

Suite, Apt. #, etc.
Suite B4

Suite, Apt. #, etc.
Suite B4

DO NOT WRITE IN THIS SPACE

City & State
Seminole, Fl.

City & State
Seminole, Fl

4. FEI Number
59-3656911

Applied For
Not Applicable

Zip
33778

Country
USA

Zip
33778

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Robert M. Bowen

Street Address (P.O. Box Number is Not Acceptable)

1187 Clays Trail

City
Oldsmar

FL

Zip Code
34677

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

Robert M. Bowen Robert M. Bowen, President 1/22/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	Robert M. Bowen	1187 Clays Trail	Oldsmar, FL 34677

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert M. Bowen Robert M. Bowen, President 1/22/2003 727-392-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)