

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052248

1. Entity Name  
**CHRIS AND CHARLIE, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90121 044 \*\*\*150.00

Principal Place of Business

**3411 NW. 54TH LANE  
GAINESVILLE FL 32653**

Mailing Address

**3411 NW. 54TH LANE  
GAINESVILLE FL 32653**

00041774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**618 N.W. 60th Street**

Suite, Apt. #, etc.

**Suite H**

**Gainesville, FL**

Zip

**32607**

Country

**Alachua**

3. Mailing Address

**618 N.W. 60th Street**

Suite, Apt. #, etc.

**Suite H**

**Gainesville, FL**

Zip

**32607**

Country

**Alachua**

4. FEI Number

**59-3645999**

Applied For

Not Applicable

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

**POLCZYNSKI, CHRIS  
3411 NW. 54TH LANE  
GAINESVILLE FL 32653**

Name

**Polczynski, Chris**

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

**3236 N.W. 28th Place**

City

**Gainesville**

FL

Zip Code

**32605**

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 **Christopher L. Polczynski**

**Registered Agent**

**4/24/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>Registered Agent</b>          | <input type="checkbox"/> Delete |
| NAME           | <b>Christopher L. Polczynski</b> |                                 |
| STREET ADDRESS | <b>3236 N.W. 28th Place</b>      |                                 |
| CITY-ST-ZIP    | <b>Gainesville, FL 32605</b>     |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| 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    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Christopher L. Polczynski**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/24/01**

Daytime Phone #

**(352) 331-1253**

CR2E034 (10/00)