

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90113 020 ***150.00

DOCUMENT # P00000098394

1. Entity Name
CHRISTOPHER SANTOS WALLCOVERING, INC.



Principal Place of Business
3158 GRACELAND COURT
ORLANDO FL 32812

Mailing Address
3158 GRACELAND COURT
ORLANDO FL 32812

2. Principal Place of Business
1821 Melvin Avenue
Suite, Apt. #, etc.

3. Mailing Address
1821 Melvin Avenue
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-2577098**

Applied For
Not Applicable

Zip **32806-6436** **Country** **USA**

Zip **32806-6436** **Country** **USA**

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

6. Name and Address of Current Registered Agent

ALRON ENTERPRISES, INC.
390 NARRAGANSETT STREET, NE
PALM BAY FL 32907

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

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☐ Delete
NAME	SANTOS, CHRISTOPHER	
STREET ADDRESS	3158 GRACELAND COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DS	☐ Delete
NAME	SANTOS, PATRICIA	
STREET ADDRESS	3158 GRACELAND COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	☒ Change ☐ Addition
NAME	Santos, Christopher	
STREET ADDRESS	1821 Melvin Ave.	
CITY-ST-ZIP	Orlando, FL, 32806	
TITLE	DS	☒ Change ☐ Addition
NAME	Santos, Patricia	
STREET ADDRESS	1821 Melvin Ave.	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 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: *Patricia A. Santos* **REGISTERED Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 **407.513.6664**
Date Daytime Phone #

CR2E034 (10/02)