

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90458 018 ***150.00

DOCUMENT # P01000017518

1. Entity Name
ENTERPRISES BY CHRISTY, INC.



Principal Place of Business
**12450 EAGLE POINTE CIR
FT MYERS FL 33913-7948**

Mailing Address
**12450 EAGLE POINTE CIR
FT MYERS FL 33913-7948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1077196**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DEMOND, CHRISTY M
12450 EAGLE POINTE CIR
FT MYERS FL 33913-7948**

Name **De Mond, Christy M**
Street Address (P.O. Box Number is Not Acceptable)

12 Winckwood Estate Court
City **FT MYERS** FL Zip Code **33919**

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT** ☐ Delete
NAME **DEMOND, CHRISTY M**
STREET ADDRESS **12450 EAGLE POINTE CIR**
CITY-ST-ZIP **FT MYERS FL 33913-7948** **33919 Court**

TITLE **DPVT** ☒ Change ☐ Addition
NAME **De Mond, Christy M**
STREET ADDRESS **12 Winckwood Estate Court**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **S** ☐ Delete
NAME **DEMOND, CHRISTY M**
STREET ADDRESS **12450 EAGLE POINTE CIR**
CITY-ST-ZIP **FT MYERS FL 33913-7948** **33919 Court**

TITLE **S** ☒ Change ☐ Addition
NAME **De Mond, Christy M**
STREET ADDRESS **12 Winckwood Estate Court**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ 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 **Christy M Demond**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-03 239-910-0688

CR2E034 (10/02)