

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**  
 05-17-2002 90007 036 \*\*\*150.00

FPB030  
AT

**DOCUMENT # P01000032576**  
 1. Entity Name  
**CHRISTMAS & COLE, INC.**

Principal Place of Business      Mailing Address  
**2256 EAST STATE ROAD 200**      **2256 EAST STATE ROAD 200**  
**YULEE FL 32097**      **YULEE FL 32097**

2. Principal Place of Business      3. Mailing Address  
**2262 Bear Lane**      **2262 Bear Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
~~Yulee, FL 32097~~      ~~Yulee, FL 32097~~  
 City & State      City & State  
**Yulee, FL 32097**      **Yulee, FL 32097**  
 Zip      Country      Zip      Country  
**32097**      **NASSAU**      **32097**      **NASSAU**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHRISTMAS, ROGER**  
**2256 EAST STATE ROAD 200**  
**YULEE FL 32097**

7. Name and Address of New Registered Agent  
 Name **CHRISTMAS ROGER**  
 Street Address (P.O. Box Number is Not Acceptable) **2262 Bear Lane**  
 City **Yulee**      FL      Zip Code **32097**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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, 2002 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

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>CHRISTMAS, ROGER<br/>2256 EAST STATE ROAD 200<br/>YULEE FL 32097</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVD<br/>COLE, KARA D<br/>53 SESSEMS ROAD<br/>NICHOLS GA 31554</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Roger Christmas      Date: 4-23-02      Daytime Phone #: 904-225-0471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)