

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-08-2002 90013 043 ***150.00

DOCUMENT # P01000046231

1. Entity Name

CHRISTINE'S DECKING INC

Principal Place of Business

PO BOX 1405
APOKA FL 32704

Mailing Address

PO BOX 1405
APOKA FL 32704

2. Principal Place of Business

Mobile
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1405
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka

City & State

Orange

4. FEI Number

593714997

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, CHRISTINE
1466 S HAWTHORNE AVE
APOKA FL 32703Change Addn
85 Justin DR.

Apopka, Fla. 32712

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.

SIGNATURE

(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 **P** **Christine SOTO** ☐ Delete **president**
NAME **Christine SOTO**
STREET ADDRESS **85 Justin DR**
CITY-ST-ZIP **APOKA FL 32712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-3-02

Daytime Phone #

CR2E034 (9/01)