

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000069014

1. Entity Name

RICHARD A. CRISTINI, CPA, P.A.

Principal Place of Business

1956 BAYSHORE BLVD.
DUNEDIN FL 34698

Mailing Address

1956 BAYSHORE BLVD.
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3732793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRISTINI, RICHARD A
1956 BAYSHORE BLVD.
DUNEDIN FL 34698

Name

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

City

FL

Zip Code

B. 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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: RICHARD A. CRISTINI
STREET ADDRESS: 1956 BAYSHORE BLVD
CITY-ST-ZIP: DUNEDIN, FLORIDA 34698 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change AdditionTITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: DeleteTITLE: Change Addition
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CITY-ST-ZIP: DeleteTITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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.

RICHARD A. CRISTINI

Richard A. Cristini

SIGNATURE: Richard A. Cristini REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 (727) 734-5437
Date Daytime Phone #

CR2E034 (9/01)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-28-2002 90035 011 ***150.00



DO NOT WRITE IN THIS SPACE