

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90050 043 ***558.75

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DOCUMENT # P01000069492

1. Entity Name

KRISTIANNA'S, INC.



Principal Place of Business
1000 IMMOKLEE RD SUITE 61
NAPLES FL 34110

Mailing Address
1000 IMMOKLEE RD SUITE 61
NAPLES FL 34110



2. Principal Place of Business

1000 Immokalee Rd
Suite, Apt. #, etc. #62

3. Mailing Address

1000 Immokalee Rd
Suite, Apt. #, etc. #62

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

59-3732625

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SELMAN, LOUIS E
1566 MULLETT LN
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Patricia Selman

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

1566 Mullet Lane

City

Naples

FL

Zip Code

34102

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

Patricia Selman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE	D	SELMAN, LOUIS E	<input checked="" type="checkbox"/> Delete
NAME		1566 MULLETT LN	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE	D	SELMAN, PATRICIA S	<input type="checkbox"/> Delete
NAME		1566 MULLETT LN	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	Adrienne Schappert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1566 Mullet Lane	
STREET ADDRESS		Naples, FL 34102	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 Selman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Selman 7-8-03 239-767-9735
Date Daytime Phone #

CR2E034 (4/03)