

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90024 005 ***150.00

DOCUMENT # P01000098305

1. Entity Name
CHRISTIANO MARINE SURVEYORS, INC.

Principal Place of Business

13209 NW 12TH COURT
 SUNRISE FL 33323-2937

Mailing Address

19209 NW 12TH COURT
 SUNRISE FL 33323-2937

to GROBER AND ASSOCIATES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NORTHWEST

Suite, Apt. #, etc.

City & State

Zip

Country

US

3. Mailing Address

to GROBER AND ASSOCIATES, PA

Suite, Apt. #, etc.

1650 SOUTHEAST 17th STREET, #301

City & State

FORT LAUDERDALE, FL

Zip

33316-1735

Country

US

4. FE Number

65-1146966

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, LEVI G. JR, ESQ
FERTIG AND GRAMLING
206 SE 13TH STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
CHARLES S. CHRISTIANO
Street Address (P.O. Box Number is Not Acceptable)
13209 NORTHWEST 12th COURT
City
SUNRISE
FL
Zip Code
33323 2937

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MAR 09, 2002

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	PSTD	<input type="checkbox"/> Delete
NAME	CHRISTIANO, CHARLES L.	
STREET ADDRESS	13209 NW 12TH COURT	
CITY-ST-ZIP	SUNRISE FL 33323-2937	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2002

Date

754-522222

Daytime Phone #

CR2E034 (9/01)