


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90530 013 ***150.00

DOCUMENT # P01000100009

1. Entity Name
CRISTINA LINDLEY, INC.



Principal Place of Business
**2018 HARRIS AVE
KEY WEST FL 33040**

Mailing Address
**2018 HARRIS AVE
KEY WEST FL 33040**



2. Principal Place of Business
916 VIRGINIA ST

3. Mailing Address
P.O. Box 5784

CHECK HERE IF MAKING CHANGES

City & State
KEY WEST FL

City & State
KEY WEST

Zip
33040

Country
USA

4. FEI Number **65-1148297**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LINDLEY, CRISTINA
2018 HARRIS AVE
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **CRISTINA LINDLEY**

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

City **KEY WEST** FL Zip Code **33040**

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 *Cristina Lindley* DATE **4-7-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | <input type="checkbox"/> Delete |
| NAME | LINDLEY, CRISTINA | |
| STREET ADDRESS | 2018 HARRIS AVE | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDLEY, CRISTINA | |
| STREET ADDRESS | 916 VIRGINIA | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 |
| 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: *Cristina Lindley* **RED** DATE: **4/7/03** DAYTIME PHONE #: **(305) 293-7658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)