

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST

4. FEI Number

65-1148297

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33045

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDLEY, CRISTINA
2018 HARRIS AVE
KEY WEST FL 33040

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LINDLEY, CRISTINA
2018 HARRIS AVE
KEY WEST FL 33040

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LINDLEY, CRISTINA
916 VIRGINIA
KEY WEST, FL 33040

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

(305) 293-7658
Daytime Phone #

CR2E034 (10/02)