

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90101 046 ***150.00

DOCUMENT # P01000114917

1. Entity Name
CHRISTINA J. FEELY, INC.



Principal Place of Business
1625 SOUTH MCDUFFY AVE
JACKSONVILLE FL 32205

Mailing Address
1625 SOUTH MCDUFFY AVE
JACKSONVILLE FL 32205

2. Principal Place of Business
1625 South Mcduffy Ave

3. Mailing Address
1625 South Mcduffy Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA

NA

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32205

Country
USA

Zip
32205

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0386767

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEELY, CHRISTINA J
1625 SOUTH MCDUFFY AVE
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name Feely, Christina J.
Street Address (P.O. Box Number is Not Acceptable) 1625 South Mcduffy Ave
City JACKSONVILLE **FL** **Zip Code** 32205

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 Christina J. Feely

Christina J Feely

1/18/2003

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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	FEELY, CHRISTINA J	
STREET ADDRESS	1625 SOUTH MCDUFFY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feely, Christina J.	
STREET ADDRESS	1625 South Mcduffy Avenue	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
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		
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: Christina J Feely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)