

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90077 043 ***150.00

DOCUMENT # P02000042299

1. Entity Name
CHRISTIAN GADGETS, INC.



Principal Place of Business
**5650 ASPEN RIDGE CIR
DELRAY BEACH FL 33484**

Mailing Address
**5650 ASPEN RIDGE CIR
DELRAY BEACH FL 33484**



2. Principal Place of Business
5650 Aspen Ridge Cir
Suite, Apt. #, etc.

3. Mailing Address
5650 Aspen Ridge Cir
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Delray Bch, FL
Zip
33484

Country
USA

City & State
Delray Bch, FL
Zip
33484

Country
USA

4. FEI Number
81-0546114

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIDALGO, ETHEL
5650 ASPEN RIDGE CIR
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **P/V/T/S/D** ☐ Delete
NAME **ETHEL HIDALGO**
STREET ADDRESS **5650 ASPEN RIDGE CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **x Ethel Hidalgo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2003 Date
(561) 573-2255 Daytime Phone #

CR2E034 (10/02)