

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90991 013 ***150.00

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DOCUMENT # P02000062520

1. Entity Name

CHRISTIAN BROTHERS PUMP SERVICE, INC.



Principal Place of Business

501 N CENTRAL AVE
UMATILLA FL 32784

Mailing Address

501 N CENTRAL AVE
UMATILLA FL 32784

2. Principal Place of Business

30710 SE 97th St

Suite, Apt. #, etc.

3. Mailing Address

30710 SE 97th St

Suite, Apt. #, etc.

City & State

Altone, FL

City & State

Altone, FL

Zip

32702

Country

Zip

32702

Country

4. FEI Number

04-3678055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHRISTIAN, GRADY M
30710 SE 97TH ST
ALTOONA FL 32702

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 | <input type="checkbox"/> Delete |
| NAME | CHRISTIAN, GRADY M | |
| STREET ADDRESS | 30710 SE 97TH ST | |
| CITY-ST-ZIP | ALTOONA FL 32702 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CHRISTIAN, MERLIN A JR | |
| STREET ADDRESS | 30710 SE 97TH ST | |
| CITY-ST-ZIP | ALTOONA FL 32702 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DURHAM, BRANDY S | |
| STREET ADDRESS | 501 N CENTRAL AVE | |
| CITY-ST-ZIP | UMATILLA FL 32784 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LARA, RICKIE W | |
| STREET ADDRESS | 30710 SE 97TH ST | |
| CITY-ST-ZIP | ALTOONA FL 32702 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KERR, DARREN C | |
| STREET ADDRESS | 9760 SE 309TH AVE | |
| CITY-ST-ZIP | ALTOONA FL 32702 | |
| 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 | | |
| 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 | | |
| 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

352-669-7848

Daytime Phone #

CR2E034 (10/02)