

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

DOCUMENT # P02000063001 1. Entity Name CRISTE ENTERPRISES, INC.		
Principal Place of Business 958 N. UNION CIRCLE DELTONA, FL 32725		Mailing Address 958 N. UNION CIRCLE DELTONA, FL 32725
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	90128362 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES
City & State	City & State	
Zip	Country	
4. FEI Number 04-3682058		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CRISTE, BRIAN 958 N. UNION CIRCLE DELTONA, FL 32725		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NONE Registered Agent/signature required when submitting)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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-STATE-ZIP	D <input type="checkbox"/> Delete CRISTE, BRIAN 958 N. UNION CIRCLE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete CRISTE, JUSTINE 958 N. UNION CIRCLE DELTONA, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hazelbaker, Timothy 2986 Higate Dr. Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input checked="" type="checkbox"/> Delete CRISTE, SHERMAN P 958 N. UNION CIRCLE DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 807, 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: Brian Criste <i>Brian Criste</i>		Date: 4/30/03

0PRE604 (10/02)