

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90463 026 ***150.00

DOCUMENT # P02000072909

1. Entity Name
CHARLES P. CHRITTON, P.A.



Principal Place of Business
**5300 S FLORIDA AVE
LAKELAND FL 33813**

Mailing Address
**PO BOX 5378
LAKELAND FL 33807**

2. Principal Place of Business

3. Mailing Address

**3237 Cleveland Hts Blvd
Suite, Apt. #, etc.**

**3237 Cleveland Hts Blvd
Suite, Apt. #, etc.**

City & State

City & State

Lakeland, Fla

Lakeland, Fla

Zip

Country

Zip

Country

33803

USA

33803

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☒ Not Applicable

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

**CHRITTON, CHARLES P
5300 S FLORIDA AVE
LAKELAND FL 33813**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.P.S.T.
Charles P. Chritton
3237 Cleveland Hts Blvd
Lakeland, Fla 33803**

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

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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

**863
646-5091**

Date

Daytime Phone #

CR2E034 (10/02)