

*** 2003 ***

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

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

05-01-2003 90279 038 ***150.00

DOCUMENT # **P02000117976**

1. Entity Name

CHRIS DAN CONSULTANTS, INC.



11032363

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14591 SHERBROOK PL.

Suite, Apt. #, etc.

204

3. Mailing Address

14591 SHERBROOK PL.

Suite, Apt. #, etc.

204

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FLA

City & State

FT. MYERS, FLA

4. FEI Number

41-2066275

Applied For

☐ Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER PARNALDI

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

14591 SHERBROOK PLACE #204

City

FT. MYERS

FL

Zip Code

33912

**DO NOT WRITE
IN THIS SPACE**

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

Christopher Parnaldi

(NOTE: Registered Agent signature required when reinstating)

4/16/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
CHRISTOPHER PARNALDI
14591 SHERBROOK PLACE #204
FT. MYERS, FLA 33912**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE **Christopher Parnaldi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

CR2E034B (12/02)