

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90011 045 ***558.75

DOCUMENT # P93000021278

1. Entity Name
CHRISTINE BAZEMORE, INC.

Principal Place of Business

6055 CR 675
 MYAKKA CITY FL 34251
 US

Mailing Address

6055 CR 675
 MYAKKA CITY FL 34251
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0395045**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, ADRON H
3119 MANATEE AVE. W.
BRADETON FL 34205

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	BAZEMORE, CHRISTINE	
STREET ADDRESS	6055 CR 675	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESTATE OF CLAY P ALBRITTON	
STREET ADDRESS	6055 CR 675	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	Vice President	
STREET ADDRESS	Christine Bazemore	
CITY-ST-ZIP	6055 CR 675	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Christine Bazemore	
CITY-ST-ZIP	6055 CR 675	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Bazemore 7/14/2000 941-322-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (5/00)