

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90114 031 \*\*\*150.00

DOCUMENT # P93000081577

1. Entity Name  
LADY CHRISTINE, INC.



Principal Place of Business  
~~1002 JENSEN BEACH BLVD~~ 562 NW BELLWORTH PLACE  
JENSEN BEACH FL 34957  
US

2. Principal Place of Business  
562 NW BELLWORTH PL  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
JENSEN BEACH  
34957 MARTIN

City & State  
Zip  
Country

4. FEI Number 65-0449285  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CUNNINGHAM, WILLIAM J JR  
562 NW BELLWORTH PG  
JENSEN BEACH FL 34957

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 \_\_\_\_\_  
(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 CUNNINGHAM, WILLIAM J JR 1862 JENSEN BEACH BLVD JENSEN BEACH FL 34957	<input type="checkbox"/> Delete
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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: *William J Cunningham* President Jan 14, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)