

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90369 005 ***150.00

DOCUMENT # P94000022226

1. Entity Name
JOHN J. CHRISTIE & ASSOCIATES OF FLORIDA, INC.



Principal Place of Business
118 E JEFFERSON STREET
ORLANDO FL 32801

Mailing Address
118 E JEFFERSON STREET
ORLANDO FL 32801



2. Principal Place of Business

3. Mailing Address

1079 W. Morse Blvd 1079 W. Morse Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite C

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Country

Zip

Country

32789 USA

USA

32789

USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3357140

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

BROSTROM, DARREL J
118 E JEFFERSON STREET
ORLANDO FL 32801

Name

Brostrom, Darrel J.

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

1079 W. Morse Blvd Ste C

City

Orlando

FL

Zip Code

32789

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

Darrel Brostrom DARREL BROSTROM

1-22-03

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	D	<input type="checkbox"/> Delete
NAME	CHRISTIE, JOHN J	
STREET ADDRESS	6700 OREGON AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROSTROM, DARREL J	
STREET ADDRESS	1301 SUZANNE WAY	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, REGINALD	
STREET ADDRESS	38 HOLLYBERRY CT	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORRELL, QUINTON	
STREET ADDRESS	4 TORRANCE CT	
CITY-ST-ZIP	KENSINGTON MD 20895	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIE, JUDITH	
STREET ADDRESS	6700 OREGON AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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:

Darrel Brostrom

DARREL BROSTROM 1-22-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)