

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90193 020 \*\*\*150.00

**DOCUMENT # P95000006173**

1. Entity Name  
**CHRISTOPHER J. MALVANO, GENERAL CONTRACTOR, INC.**

Principal Place of Business <b>92 WALNUT ST          SANTA ROSA BEACH FL 32459          US</b>	Mailing Address <b>92 WALNUT ST          1          SANTA ROSA BEACH FL 32459          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>485 WOOD BEACH DR</b>	3. Mailing Address <b>485 WOOD BCH DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>SANTA ROSA BCH FL</b>	City & State <b>SANTA ROSA Bch FL.</b>

4. FEI Number <b>65-0551343</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32459</b>	Country	Zip <b>32459</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MALVANO, CHRISTOPHER J  
~~92 WALNUT ST~~  
 SANTA ROSA BEACH FL 32459**

Name
Street Address (P.O. Box Number is Not Acceptable)
<del>92 Walnut Street</del> <b>485 WOOD BCH DR</b>
City <b>Santa Rosa Beach FL</b> FL Zip Code <b>32459</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALVANO, CHRISTOPHER J</b> <del>1017 COMSTOCK ST</del> <b>PT CHARLOTTE FL 33952</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>485 WOOD BCH DR</b> <del>92 Walnut Street</del> <b>Santa Rosa Beach FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALVANO, JOHN C JR.</b> <b>1017 COMSTOCK ST</b> <b>PT CHARLOTTE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)