

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

**92 WALNUT ST
 SANTA ROSA BEACH FL 32459
 US**

Mailing Address

**92 WALNUT ST
 1
 SANTA ROSA BEACH FL 32459
 US**

2. Principal Place of Business

485 WOOD BEACH DR

Suite, Apt. #, etc.

3. Mailing Address

485 WOOD BCH DR.

Suite, Apt. #, etc.

City & State

SANTA ROSA BCH FL

City & State

SANTA ROSA BCH FL.

Zip

32459

Country

Zip

32459

Country

4. FEI Number

65-0551343

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

MALVANO, CHRISTOPHER J

92 WALNUT ST

SANTA ROSA BEACH FL 32459

Name

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

~~92 Walnut Street~~ 485 WOOD BCH DR

City

Santa Rosa Beach FL

Zip Code

32459

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D** ☐ Delete
 NAME **MALVANO, CHRISTOPHER J**
 STREET ADDRESS **~~1017 COMSTOCK ST~~**
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **485 WOOD BCH DR** ☒ Change ☐ Addition
 NAME **~~92 Walnut Street~~**
 STREET ADDRESS **Santa Rosa Beach FL**
 CITY-ST-ZIP **32459**

TITLE **D** ☒ Delete
 NAME **MALVANO, JOHN C JR.**
 STREET ADDRESS **1017 COMSTOCK ST**
 CITY-ST-ZIP **PT CHARLOTTE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)