

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90036 003 \*\*\*150.00

**DOCUMENT # P95000031591**  
 1. Entity Name  
**CHRIS P.G., INC.**

Principal Place of Business  
**1112 N. FLORIDA AVENUE**  
**TAMPA FL 33602**

Mailing Address  
**1112 N. FLORIDA AVENUE**  
**TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3716 E. Hillsborough Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3716 E. Hillsborough Avenue**  
 Suite, Apt. #, etc.

City & State  
**Tampa, FL 33610**  
 Zip  
**33610**  
 Country  
**USA**

City & State  
**Tampa, FL 33610**  
 Zip  
**33610**  
 Country  
**USA**

4. FEI Number **59-3319358**  
 Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GUSWEILER, JOESPH G**  
**8707 CALDER PL**  
**TAMPA FL 33604**

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

Name  
**Christopher P. Gusweiler**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3716 E. Hillsborough Avenue**  
**Tampa**  
 City **Tampa** FL Zip Code **33610**

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 **Christopher P. Gusweiler** **April 18, 2002**  
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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROXANNA P GUSWEILER</b> <b>8707 CALDER PL</b> <b>TAMPA FL 33604</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST</b> <b>GUSWEILER, JOSEPH G</b> <b>8707 CALDER PL</b> <b>TAMPA FL 33604</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Christopher P. Gusweiler</b> <b>3716 E. Hillsborough Avenue</b> <b>Tampa, FL 33610</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Roxanna P. Gusweiler</b> <b>8707 Calder Place</b> <b>Tampa, FL 33604</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Roxanna P. Gusweiler, VP** **April 18, 2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**(813) 234-3383**

CR2E034 (9/01)