

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91200 028 ***150.00

DOCUMENT # 95000045538

1. Entity Name
CHRISTOPHER MARK BUILDING & RENOVATION, INC.

DO NOT WRITE IN THIS SPACE

80124171

2. Principal Place of Business
2407 BREAKWATER CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
2407 BREAKWATER CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FLORIDA

City & State
SARASOTA FLORIDA

4. FEI Number
65-0596824
Applied For
Not Applicable

Zip
34231
Country
USA

Zip
34231
Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *CHRISTOPHER MARK ELLIOTT*
Street Address (P.O. Box Number is Not Acceptable)
2407 BREAKWATER CIRCLE
City *SARASOTA* FL Zip Code *34231*

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]* (*CHRISTOPHER MARK ELLIOTT*), PRESIDENT *5-31-02*
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *PRESIDENT*
NAME *CHRISTOPHER MARK ELLIOTT*
STREET ADDRESS *2407 BREAKWATER CIRCLE*
CITY-ST-ZIP *SARASOTA, FLORIDA 34231*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
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 on an attachment with an address with all other like empowered

SIGNATURE: *[Signature]* (*CHRISTOPHER MARK ELLIOTT*) *5-31-02* *941-926-2429*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)