

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90034 049 \*\*\*150.00

0419138 AV

**DOCUMENT # P96000000725**

1. Entity Name

**CHRISTIAN & ASSOCIATES, P.A.**

Principal Place of Business

**220 EAST MADISON STREET STE 1224  
TAMPA FL 33602**

Mailing Address

**220 E. MADISON STREET  
1224  
TAMPA FL 33602**

2. Principal Place of Business

**620 East Twiggs St.  
Suite, Apt. #, etc.  
Suite 205  
City & State  
Tampa, Florida**

3. Mailing Address

**620 East Twiggs St.  
Suite, Apt. #, etc.  
Suite 205  
City & State  
Tampa, Fl**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2987359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTIAN, TERRY C  
220 EAST MADISON STREET STE 1224  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

**Name  
Christian, Terry C.  
Street Address (P.O. Box Number is Not Acceptable)  
620 East Twiggs Street, Suite 205  
City  
Tampa FL Zip Code  
33602**

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

**Terry Christian, President (Registered Agent) 01/09/02**  
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) ☒

**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 CHRISTIAN, TERRY C 220 EAST MADISON STREET STE 1224 TAMPA FL 33602</b>	<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
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 Christian, Terry C 620 East Twiggs Street, Suite 205 Tampa, Fl 33602</b>	<input checked="" 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
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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:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/09/02**

Date

**(813) 228-7743**

Daytime Phone #

CP2E034 (9/01)