

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90780 030 \*\*\*150.00

**DOCUMENT # P96000000725**

1. Entity Name  
**CHRISTIAN & ASSOCIATES, P.A.**



Principal Place of Business  
**620 EAST TWIGGS STREET STE 205  
TAMPA FL 33602**

Mailing Address  
**620 EAST TWIGGS STREET STE 205  
1224  
TAMPA FL 33602**

**10036167**



2. Principal Place of Business  
**1165 Shipwatch Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**1165 Shipwatch Circle**  
Suite, Apt. #, etc.

City & State  
**Tampa, Florida**

City & State  
**Tampa, Florida**

Zip  
**33602**

Country  
**USA**

Zip  
**33602**

Country  
**USA**

4. FEI Number  
**59-2987359**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TERRY, CHRISTIAN C**  
**620 EAST TWIGGS STREET STE 205**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
**Terry C. Christian**  
Street Address (P.O. Box Number is Not Acceptable)  
**1165 Shipwatch Circle**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Terry Christian**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/18/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHRISTIAN, TERRY C</b> <b>620 E TWIGGS AVE STE 200</b> <b>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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Christian, Terry C.</b> <b>1165 Shipwatch Circle</b> <b>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
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

CR2034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/18/03**  
Date

**(813) 224-9848**  
Daytime Phone #