2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90043 044 ***150.00

70011631

DOCUMENT # P96000012466

1. Entity Name
CHILDRESS ENTERPRISES, INCORPORATED

Principal Place of Business
~~5871 26TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33710~~

Mailing Address
~~5871 26TH AVENUE NORTH~~
~~ST. PETERSBURG FL 33710~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
925 23rd AVE N
Suite, Apt. #, etc.

3. Mailing Address
925 23rd AVE N
Suite, Apt. #, etc.

City & State: ST. PETERSBURG, FL
Zip: 33704 Country: USA

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Zip: 33704 Country: USA

4. FEI Number 59-3366736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CHILDRESS, DONALD R
~~5871 26TH AVENUE NORTH~~ 925 23rd AVE N
ST. PETERSBURG ~~FL 33710~~ 33704

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] 1-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P ☐ Delete
NAME	CHILDRESS, DONALD R
STREET ADDRESS	~~5871 26 AVE N~~
CITY-ST-ZIP	~~ST PETERSBURG FL~~
TITLE	S ☐ Delete
NAME	CHILDRESS, JOYCE F
STREET ADDRESS	~~5871 16 AVE N~~
CITY-ST-ZIP	~~ST PETERSBURG FL~~
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	925 23rd AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	925 23rd AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (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] 1-14-03 727-492-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #