

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90094 038 ***158.75

DOCUMENT # P96000080275

1. Entity Name

CHRISTIAN ART ENTERPRISE, INC.

Principal Place of Business

**2223 ENABOB STREET
 LANARK VILLAGE FL 32323**

*209 West 9th Street
 Panama City, FL 32401*

Mailing Address

PO BOX 1336

CARRABELLE FL 32322

*209 W. 9th Street
 Panama City, FL 32401*

2. Principal Place of Business

209 West 9th Street

3. Mailing Address

209 West 9th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Panama City, FL

Panama City, FL

4. FEI Number

59-3415901

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POPE, WILLIAM E
 2323 ENABOB STREET
 LANARK FL 32323**

Void WEP

7. Name and Address of New Registered Agent

Name *William R. Louis WEP*

Street Address (P.O. Box Number is Not Acceptable) *209 West 9th Street WEP*

City *Panama City* **FL** Zip Code *32401*

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDOWELL, GIL DR 105 ROSEWOOD DR PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOUIS, WILLIAM R PO BOX 1336 N/A CARRABELLE FL 32322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP POPE, WILLIAM E PO BOX 1336 N/A CARRABELLE FL 32322	<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"/> Change <input type="checkbox"/> Addition
<i>VP Louis, William R. 209 West 9th Street Panama City, FL 32401</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>WEP</i>
<i>DSTP William R. Louis 209 West 9th Street Panama City, FL 32401</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>WEP</i>
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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: *William E. Pope, William C. Pope*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E034 (9/01)