

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State

06-10-2003 90036 012 ***558.75

DOCUMENT # P97000001248 ✓

1. Entity Name
CHRISTOPHER M. KISE, P.A.



Principal Place of Business
**1000 S HARBOR ISLAND BLVD
SUITE 2406
TAMPA FL 33602
US**

Mailing Address
**PO BOX 2142
TAMPA FL 33601
US**



2. Principal Place of Business

2750 OLD ST. AUGUSTINE ROAD

Suite, Apt. #, etc.
APT D-32

City & State
TALLAHASSEE, FL

Zip
32301

Country
USA

3. Mailing Address

2750 OLD ST. AUGUSTINE ROAD

Suite, Apt. #, etc.
APT D-32

City & State
TALLAHASSEE, FL

Zip
32301

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3419935**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KISE, CHRISTOPHER M
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER M. KISE**

Street Address (P.O. Box Number is Not Acceptable)
2750 OLD ST. AUGUSTINE ROAD

APT # D-32

City
TALLAHASSEE

FL

Zip Code
32301

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 **CHRISTOPHER M. KISE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6 June 2003
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 **DPST** ☐ Delete
NAME **KISE, CHRISTOPHER M**
STREET ADDRESS **1000 S HARBOR ISLAND BLVD #2406**
CITY-ST-ZIP **TAMPA FL 33602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2750 OLD ST. AUGUSTINE ROAD A D-32**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **CHRISTOPHER M. KISE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 June 2003 850.528.3873
Date Daytime Phone #

CR2E034 (10/02)