

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040761

1. Entity Name  
CHRIS J. TURENNE, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90020 042 \*\*\*150.00

Principal Place of Business

7038 FISH CREEK LN  
W. PALM BCH FL 33411  
US

Mailing Address

7038 FISH CREEK LN  
W. PALM BCH FL 33411  
US

2. Principal Place of Business

1743 AUSTRALIAN AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0750750

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TURENNE, CHRIS J  
7038 FISH CREEK LANE  
WEST PALM BEACH FL 33411

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME TURENNE, CHRIS J  
STREET ADDRESS 7038 FISH CREEK LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
P97000040761

ADD68612

**Champion Lighting and Signs**  
**1748 Australian Ave., Unit 9**  
**Riviera Beach, Florida 33404**  
**PH#1-561-842-3001, FAX#1-561-842-3004**  
**License U-18005**

To: Dept OF State From: Chris Luranne

Subject: 2000 Uniform Bus. Report Date: 7-12-00

To whom it may concern,  
I did not receive a uniform business report  
prior to this one. (received by us mail on 7-10-2000)  
Enclosed is a check for \$150<sup>00</sup> to cover  
the cost of filing this report.

Thank you,  
Christopher Luranne, Pres.