## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 24, 2002 8:00 am Secretary of State P97000058481 DOCUMENT # 1. Entity Name THE CHRISTMAS HUT, INC. Principal Place of Business Mailing Address 2112 SOUTH ATLANTIC AVENUE 2112 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3458242 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Ш Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NELAND, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2112 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118 Zip Code City 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 4 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NELAND, RICHARD L NAME NAME 2916 RIVERPOINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP ☐ Change ☐ Addition TITLE **PSTD** ☐ Delete TITLE NAME NAME NELAND, KEITH 2916 RIVERPOINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP ☐ Change M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, wittfall other like empowered.