

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091461

1. Entity Name

CHRISTOPHER PILLAY & ASSOCIATES, INCORPORATED

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90031 036 ***150.00

Principal Place of Business

Mailing Address

11247 SAN JOSE BOULEVARD
 JACKSONVILLE FL 32223

11247 SAN JOSE BOULEVARD
 JACKSONVILLE FL 32223-7948

2. Principal Place of Business

3. Mailing Address

7751 Belfort Parkway

7751 Belfort Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 180

Suite 180

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32256

USA

32256

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59:3475391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRCHER, SALLY J ESQ
 INDEPENDENT LIFE BUILDING - SUITE 3303
 ONE INDEPENDENT DRIVE
 JACKSONVILLE FL 32202

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 \$150.00
After MAY 1, 2000 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 **D** ☐ Delete
 NAME **PILLAY, CHRISTOPHER**
 STREET ADDRESS **11247 SAN JOSE BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Pillay, Christopher B.**
 STREET ADDRESS **7751 Belfort Pkwy, Suite 180**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 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:

Christopher B. Pillay

4/24/00

Date

Daytime Phone #

904-332-7000x102

CR2E034 (9/99)