

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90035 033 \*\*\*150.00

0012122 AV

**DOCUMENT # P98000057868**

1. Entity Name  
**CHRISTOPHER JUDE, INC.**

Principal Place of Business  
**1231-A N. ORANGE AVENUE  
 ORLANDO FL 32804**

Mailing Address  
**1231-A N. ORANGE AVENUE  
 ORLANDO FL 32804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3507630**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**JUDE, CHRISTOPHER J  
 1152 DELANEY AVENUE  
 ORLANDO FL 32806**

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **JUDE, CHRISTOPHER**  
 STREET ADDRESS **1231 N. ORANGE AVE.**  
 CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-15-01 407-896-1399**

CR2E034 (5/01)

CHRISTOPHER JUDE

Attachment

Doc # A0082307

798000057868

M E N S   A P P A R E L

8/15/01

To Whom it MAY concern,

I spoke with TYRONE in the  
Uniform Business Report Dept. I explained  
my situation with my former  
accountant, (as I will in this letter)  
~~HE~~ stated that I could send in  
\$150.00 ~ My former accountant has  
held all of my files & paper work until  
today. He was fired from his firm &  
took my paper work. He managed  
my billing/files/mail. I was unable  
to contact him. I just pd. my 2000  
taxes. (due to him not contracting me  
& vice versa) - I NEVER had any  
knowledge of the 1st Uniform Report,  
I only received this one today - which  
has a higher fee. (Many of my papers  
are missing.)

Thank you,

Christopher Jude

Ivanhoe Row  
1231-A N. Orange Avenue, Orlando, FL 32804  
407/896-1399