

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90006 021 ***150.00

DOCUMENT # P99000090742



1. Entity Name
CHRISTOPHER'S AUTO SALES, INC.

Principal Place of Business
**190 U.S. 17 NORTH
EAGLE LAKE FL 33839**

Mailing Address
**PO BOX 1541
EAGLE LAKE FL 33839**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3603835**

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

**FUCHS, LAWRENCE M ESQ.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **CHRISTOPHER, STANLEY E** ☐ Delete
STREET ADDRESS **126 SUMMERVIEW CIRCLE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **Pres.**
NAME **Christopher, Stanley E** ☒ Change ☐ Addition
STREET ADDRESS **118 Waldemar Ct., S.E.**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **VSTD**
NAME **CHRISTOPHER, JOAN L** ☐ Delete
STREET ADDRESS **126 SUMMERVIEW CIRCLE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **Vice Pres.**
NAME **Christopher, Joan L.** ☒ Change ☐ Addition
STREET ADDRESS **118 Waldemar Ct., S.E.**
CITY-ST-ZIP **Winter Haven, FL 33884**

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 officers or directors.

SIGNATURE:

STANLEY E. CHRISTOPHER
Signature and typed or printed name of signing officer or director

01/04/03 (863) 298-4092
Date Daytime Phone #

CR2E034 (10/02)