

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # S78663****1. Entity Name**
CHRISTINE P, INC.**Principal Place of Business**

407 TIMBER RIDGE DR

LONGWOOD

32779

FL

US

Mailing Address

407 TIMBER RIDGE DR

LONGWOOD

32779

FL

US

2. Principal Place of Business

2155 PALM BAY RD NE

3. Mailing Address

322 2ND AVE

Suite, Apt. #, etc.

SUITE #9

Suite, Apt. #, etc.

City & State

PALM BAY

FL

Zip
32905Country
US

City & State

MELBOURNE BEACH

FL

Zip
32951Country
US**4. FEI Number****59-3117424**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRUMPTER LINDA S.

2600 LAKE LUCIEN DR.

SUITE 101

MAITLAND

32571

US

FL

7. Name and Address of New Registered Agent

Name

KRUMPTER LINDA S.

Street Address (P.O. Box Number is Not Acceptable)

322 2ND AVE

City

MELBOURNE BEACH

FL

Zip Code
32951**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)

05/01/2000

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**

TITLE	VPT	<input type="checkbox"/> Delete
NAME	KRUMPTER JOHN P.	
STREET ADDRESS	407 TIMBER RIDGE DR.	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	PS	<input type="checkbox"/> Delete
NAME	KRUMPTER LINDA S.	
STREET ADDRESS	2600 LAKE LUCIEN DR.	
CITY-ST-ZIP	MAITLAND FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMPTER JOHN P.	
STREET ADDRESS	322 2ND AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMPTER LINDA S.	
STREET ADDRESS	322 2ND AVE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: John P. Krumpter

vnt

05/01/2000