## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

V47558

CHRISTOPHER'S	INN	BED	&	BREAKFAST,	INC.
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**FILED** Mar 28, 2003 8:00 am § Secretary of State

03-28-2003 90067 002 \*\*\*150.00

OFFICE S IN BED & BREAKFAST, INC.							
Principal Place of Business Mailing Address 539 LIBERTY AVE. 539 LIBERTY AVE. MT. DORA FL 32757 MT. DORA FL 32757			<u> </u>				
_							
Principal Place of Business     Amailing Address				ANDRI BRAKI AKAKI ANDRI BRAKI AKAKI IDBI			
Suite, Apt.	Suite, Apt. #, etc.  Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & Stat		City & State	City & State		4. FEI Number 57-3128167	Applied For Not Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent_			7. Name and Address of New Registered Agent		
				Name			
SIMPSON, ANDREW J.			Chunch Addison	and Address (D.O. Berry Musels as in Nick Association)			
539 LIBERTY AVE.		Street Address (P.O. Box Number is Not Acceptable)					
MT. DORA	A FL 32757						
78 S			City		Zip Code		
					· •		
8. The above	named entity submits this statemer ions of legistered agent.	nt for the purpose of chan	iging its registere	ed office or regist	tered agent, or both, in the State of Florida.	I am familiar with, and accept	
the obligat	ions or tegistered agent.		•				
SIGNATURE .							
	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when reinstating)	PATE	
	ILE NOW!! FEE IS \$150.00	İ			9. Election Campaign Financin	e e e e e e	
After May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.	g \$5.00 May Be ☐ Added to Fees		
Make Check Payable to Fiorida Department of State							
10.		ND DIRECTORS	CTORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete TITLE			☐ Change ☐ Addition   2005		
		, NAMI	l l		10		
STREET ADDRESS 539 LIBERTY AVE.			STRE	ET ADDRESS		*	

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
TITLE NAME	D SIMPONI ANDREW I	☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS	SIMPSON, ANDREW J. 539 LIBERTY AVE.		NAME STREET ADDRESS				
CITY-ST-ZIP	MT. DORA FL		CITY-ST-ZIP				
TITLE	D	Пъ				PT 4 1 100	
NAME		☐ Delete	TITLE		☐ Change	Addition	
STREET ADDRESS	SIMPSON, INEZ M.		NAME STREET ADDRESS				
CITY-ST-ZIP	539 Liberty Ave. Mt. Dora Fl		CITY-ST-ZIP				
	MI. DORA FL						
TITLE NAME	And the second s	☐ Delete	TITLE	Note that the second of the se	☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP				•			
					<b>—</b>		
TITLE Name		☐ Delete	TITLE		Change	☐ Addition	
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
			<del></del>				
TITLE		☐ Delete	TITLE	**	☐ Change	Addition	
NAME STREET ADDRESS			NAME				
			STREET ADDRESS				
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		∟ Delete	1		∐ Change	☐ Addition	
i	***		STREET ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	☐ Delete	CITY-ST-ZIP TITLE NAME		Change	☐ Adi	
CITY-ST-7IP	ą, s		CITY CT 7ID				

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 like empowered.

SIGNATURE: