

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90446 008 ***150.00

DOCUMENT # V49955

1. Entity Name

CHRISTOPHER BRYANT, INC.

Principal Place of Business

2033 W MCNAB RD
SUITE 1
POMPANO BCH. FL 33060
US

Mailing Address

2033 W MCNAB RD STE 2
POMPANO BCH. FL 33069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0345320

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

SUSSER, GARY
2755 S FEDERAL HWY
SUITE 13
BOYNTON BEACH FL 33435

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

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

(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, 2001 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 BRYANT, CHRISTOPHER
STREET ADDRESS 400 SE 16 AVE.
CITY-ST-ZIP POMPANO BCH. FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3765 Cypress Edge Drive
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE P ☐ Delete
NAME BRYANT, CHRISTOPHER
STREET ADDRESS 400 SE. 16TH AVE.
CITY-ST-ZIP POMPANO BCH. FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3705 Cypress Edge Drive
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VP ☐ Delete
NAME BRYANT, JAMILET
STREET ADDRESS 400 SE 16TH AVE.
CITY-ST-ZIP POMPANO BEACH F

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3705 Cypress Edge Drive
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01

CR2E034 (10/00)