

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90066 032 \*\*\*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**

80098866



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**3705 Cypress edge DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**  
**Lake Worth FL**

**4. FEI Number** **65-0345320**

**Applied For**  
**Not Applicable**

**Zip**

**Country**

**Zip**  
**33467**

**Country**  
**USA**

**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)**

**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 \$150.00**  
**After May 1, 2002 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** **3705 CYPRESS EDGE DRIVE**  
**CITY-ST-ZIP** **LAKE WORTH FL 33467**

**TITLE** **DIRECTOR** ☒ **Change** ☐ **Addition**  
**NAME** **Jamilet BRYANT**  
**STREET ADDRESS** **3705 CYPRESS edge DR.**  
**CITY-ST-ZIP** **LAKE WORTH FL 33467**

**TITLE** **P** ☒ **Delete**  
**NAME** **BRYANT, CHRISTOPHER**  
**STREET ADDRESS** **3705 CYPRESS EDGE DRIVE**  
**CITY-ST-ZIP** **LAKE WORTH FL 33467**

**TITLE** **PRESIDENT** ☒ **Change** ☐ **Addition**  
**NAME** **BRYANT Jamilet**  
**STREET ADDRESS** **3705 CYPRESS edge DR**  
**CITY-ST-ZIP** **LAKE WORTH FL 33467**

**TITLE** **VP** ☐ **Delete**  
**NAME** **BRYANT, JAMILET**  
**STREET ADDRESS** **3705 CYPRESS EDGE DRIVE**  
**CITY-ST-ZIP** **LAKE WORTH FL 33467**

**TITLE** **Vice President** ☒ **Change** ☐ **Addition**  
**NAME** **BRYANT Christopher**  
**STREET ADDRESS** **3705 CYPRESS edge DR**  
**CITY-ST-ZIP** **LAKE WORTH FL 33467**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
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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

4/24/02

Date

(561) 967-5743

Daytime Phone #

CR2E034 (9/01)