

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90012 024 ***158.75

DOCUMENT # 627488

1. Entity Name

CHRISTENSEN BUSINESS ENTERPRISES, INC.

Principal Place of Business

4053 PETERS ROAD
PLANTATION FL 33317
US

Mailing Address

4053 PETERS ROAD
PLANTATION FL 33317
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 59-1919238

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

CHRISTENSEN, ROBERT
4053 PETERS ROAD
PLANTATION FL 33317

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, 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	P	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, ROBERT	
STREET ADDRESS	4053 PETERS RD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, BARBARA	
STREET ADDRESS	4053 PETERS RD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	SHREVES, CAROLL C	
STREET ADDRESS	4053 PETERS RD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, KADA J	
STREET ADDRESS	4053 PETERS RD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DAVP	<input type="checkbox"/> Delete
NAME	SHREVES, R TODD	
STREET ADDRESS	4053 PETERS RD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
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		
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:

Caroll C Shreves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01
Date

954-583-2558
Daytime Phone #

CR2E034 (10/00)