

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90312 002 ***150.00

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

4490 S.W. 105 AVE.

3. Mailing Address

4490 S.W. 105 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

DAVIE, FL

4. FEI Number

59-1919238

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHRISTENSEN, ROBERT
 4053 PETERS ROAD
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name

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

4490 S.W. 105 AVE

City

DAVIE

FL

Zip Code

33328

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. ☐

**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

TITLE **P** ☐ Delete
 NAME **CHRISTENSEN, ROBERT**
 STREET ADDRESS **4053 PETERS RD**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **DST** ☐ Delete
 NAME **CHRISTENSEN, BARBARA**
 STREET ADDRESS **4053 PETERS RD**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **DAS** ☐ Delete
 NAME **SHREVES, CAROLL C**
 STREET ADDRESS **4053 PETERS RD**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **DAT** ☐ Delete
 NAME **CHRISTENSEN, KADA J**
 STREET ADDRESS **4053 PETERS RD**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **DAVP** ☐ Delete
 NAME **SHREVES, R TODD**
 STREET ADDRESS **4053 PETERS RD**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4490 S.W. 105 AVE**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4490 S.W. 105 AVE**
 CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4490 S.W. 105 Avenue**
 CITY-ST-ZIP **Davie, Florida 33328**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4490 S.W. 105 Avenue**
 CITY-ST-ZIP **Davie, Florida 33328**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4490 S.W. 105 Avenue**
 CITY-ST-ZIP **Davie, Florida 33328**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4490 S.W. 105 Avenue**
 CITY-ST-ZIP **Davie, Florida 33328**

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: **Barbara Christensen See Ins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 954-473.8419

Date

Daytime Phone #

CR2E034 (9/01)