

2001 UNIFORM BUSINESS REPORT (UBR)

002008 AB

DOCUMENT # B94000000234

1. Entity Name

CHRISTIANSON SALES CO. LIMITED PARTNERSHIP

FILED

Principal Place of Business

9755 PATUXENT WOODS DR.
COLUMBIA MD 21046

Mailing Address

9755 PATUXENT WOODS DR.
COLUMBIA MD 21046

01 APR 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

9755 Patuxent Woods Drive

3. Mailing Address

9755 Patuxent Woods Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Columbia, MD

City & State

Columbia, MD

4. FEI Number

35-1990029

Applied For

Not Applicable

Zip

21046

Country

USA

Zip

21046

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET

SUITE 105

TALLAHASSEE FL 32301

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. Capital Contributions
as Shown on record.

\$135.00

10. Amount of Capital Contributions
in FLORIDA to date.

135.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M00000000629
NAME USF/CHRISTIANSON SALES GP HOLDINGS, LLC
STREET ADDRESS 9755 PATUXENT WOODS DR.
CITY-ST-ZIP COLUMBIA MD

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

M. STEVE SANDER M. STEVE SANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-2001 717-240-1079

Date

Daytime Phone #

CR2E003 (11/00)