

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90451 005 \*\*\*150.00

**DOCUMENT # F97000005997**

1. Entity Name  
**J.C. CHRISTENSEN & ASSOCIATES, INC.**



Principal Place of Business  
**215 N BENTON DRIVE  
SAUK RAPIDS MN 56379**

Mailing Address  
**215 N. BENTON DRIVE Benton  
SAUK RAPIDS MN 56379**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address  
**215 N. Benton Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Sauk Rapids, MN**

Zip

Country

Zip  
**56379**

Country  
**USA**

4. FEI Number  
**41-1243495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCEO  
CHRISTENSEN, JAMES C  
215 N. BENTON DR.  
SAUK RAPIDS MN 56379** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO/Director** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BOLF, CHARLES  
215 N. BENTON DR.  
SAUK RAPIDS MN 56379** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCST  
ENGBRETSON, CHARLES  
215 N BENTON DRIVE  
SAUK RAPIDS MN 56379** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/COO/Director** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GAUERKE, PAUL  
215 NORTH BENTON DRIVE  
SAUK RAPIDS MN 56379** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/Director** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President/Director  
Matthew Schmit  
215 North Benton Drive  
Sauk Rapids MN 56379** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**S. E. Engbreton**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/2003**  
Date

**320-253-0800 x3022**  
Daytime Phone #

CR2E034 (10/02)