

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005948**

1. Entity Name

CHRISTENSEN MORTGAGE SERVICES, INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90193 040 ***150.00

Principal Place of Business

Mailing Address

1871 ROUTE 70 EAST SUITE 202
CHERRY HILL NJ 08003**1871 ROUTE 70 EAST SUITE 202**
CHERRY HILL NJ 34957-2618

2. Principal Place of Business

2400 SE MIDPORT RD

3. Mailing Address

2400 SE MIDPORT RD

Suite, Apt. #, etc.

SUITE 208

Suite, Apt. #, etc.

SUITE 208

City & State

PORT ST LUCIE FL

City & State

PORT ST. LUCIE FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

22-2950195

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, GARY C**
2400 S.E. MIDPORT ROAD SUITE 208
PORT ST. LUCIE FL 34952

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

GARY C. CHRISTENSEN PRESIDENT**1/5/00**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PC** ☐ Delete
NAME **CHRISTENSEN, GARY C**
STREET ADDRESS **11000 OCEAN DRIVE 2-3**
CITY-ST-ZIP **JENSEN BEACH FL 34957**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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

Date

Daytime Phone #

1-5-00**561-398-11**