## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## G70674 **DOCUMENT #**

1. Entity Name

CHRISTENSON & ASSOCIATES MORTGAGE COMPANY

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**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90250 004 \*\*\*158.75

Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Addition		A GO WE TO						
Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  CHRISTENSON, NELS PETER  789 9 FED HWY  \$TE 304  STUART F1, 34994  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with, and the obligations of registered digent, or both, in the State of Florida. I am familiar with, and the obligations of registered digent, or both, in the State of Florida. I am familiar with, and the obligations of registered digent, or both, in the State of Florida. I am familiar with, and the obligations of registered digent, or both, in the State of Florida. I am familiar with, and the obligations of registered digent, or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with, and the obligations of registered digent. Or both, in the State of Florida. I am familiar with,		1	BOX 3000	PO E	AL HWY	789 S FEDER 304 STUART FL 3		
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Size Address of Status Desired   \$8.75 Addition   \$9. Election   \$8.75 Addition   \$9. Election   \$9. E	4. FE! Number 59-2351271 Applied For Not Applicable	City & State		City	City & State			
CHRISTENSON, NELLS PETER 789 S FED HWY STE 304 STUART FL 34994 STORE above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and the obligations of registered agent and life "applicable." (NOTE Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  12. STREET ADDRESS  13. STREET ADDRESS  14. ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  15. STREET ADDRESS  15. STREET ADDRESS  15. STREET ADDRESS  15. CHANGE AGENTS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  15. STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  15. STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  15. ADDITIONS/CHANGES	5. Certificate of Status Desired \$8.75 Additional	Country	р	Country Zip	Countr	Zip		
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STUART FL 34994  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature, typed or profess agent and life if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE					son, neils peter			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature of tregistered agent and the if upplicable.   (NOTE: Registered Agent signature required when reinstating)   DATE      FILE NOW!!!   FEE' IS \$150.00				· · · · · · · · · · · · · · · · · · ·	*	STE 304		
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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:

772-287-3-100