

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117110

1. Entity Name

GARY CHRISTENSEN PORTFOLIO CORP.

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-15-2002 90164 027 ***150.00

0569110 AT

Principal Place of Business
 115 NORTH PORTIA STREET
 NOKOMIS FL 34275

Mailing Address
 P.O. BOX 192
 PLACIDA FL 33946

2. Principal Place of Business

3. Mailing Address

115 PORTIA ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NOKOMIS, FL

Zip

Country

Zip

Country

34275

4. FEI Number

65-1102158

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
 113 NORTH PORTIA STREET
 NOKOMIS FL 34275

Name: GARY CHRISTENSEN

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

115 PORTIA ST. NORTH

City

Nokomis

FL

Zip Code

34275

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 Christ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

P
 CHRISTENSEN, GARY
 113 NORTH PORTIA STREET
 NOKOMIS FL 34275

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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:

Gary Christ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

941-486-1486

Date

Daytime Phone #

CR2E034 (9/01)