

2000.UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046019

1. Entity Name
CHRISTENSEN YACHTS, INC.

APPROVED
AND
FILED

00 OCT 30 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1318 SOUTHEAST 2ND AVENUE
FORT LAUDERDALE FL 33316

Mailing Address
1318 SOUTHEAST 2ND AVENUE
FORT LAUDERDALE FL 33316

2. Principal Place of Business
BRADY, JAMES C & CO

3. Mailing Address
501 Northeast 8th Street

Suite, Apt. #, etc.
501 Northeast 8th Street

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL 33304

City & State
Fort Lauderdale, FL 33304

Zip Country
Fort Lauderdale, FL 33304 Broward

Zip Country
Fort Lauderdale, FL 33304 Broward

4. FEI Number **93-1181535**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADY, JAMES C
~~1318 SOUTHEAST 2ND AVENUE~~
~~FORT LAUDERDALE FL 33316~~

Name
JAMES C. BRADY, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
501 Northeast 8th Street

City
Fort Lauderdale

State
FL

Zip Code
33304

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  DATE **10/26/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	P CHRISTENSEN, DAVID 4400 SE COLUMBIA WAY VANCOUVER WA 98661	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WITHEE, PATRICIA M 4400 SE COLUMBIA WAY VANCOUVER WAY WA 98661	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT 2000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **10-6-00** DAYTIME PHONE #: **360-695-3238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)