

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90129 017 ***150.00

DOCUMENT # P95000046019



1. Entity Name
CHRISTENSEN YACHTS, INC.

Principal Place of Business
**1000 SEMINOLE DRIVE
SUITE #4
FORT LAUDERDALE FL 33304**

Mailing Address
**1000 SEMINOLE DRIVE
SUITE #4
FORT LAUDERDALE FL 33304**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **93-1181535**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BRADY, JAMES C ESQ.
501 NORTHEAST 8TH STREET
FORT LAUDERDALE FL 33304**

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	C	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, DAVID H	
STREET ADDRESS	4400 SE COLUMBIA WAY	
CITY-ST-ZIP	VANCOUVER WA 98661	
TITLE	T	<input type="checkbox"/> Delete
NAME	WITHEE, PATRICIA M	
STREET ADDRESS	4400 SE COLUMBIA WAY	
CITY-ST-ZIP	VANCOUVER WAY WA 98661	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOGGIA, JOE F	
STREET ADDRESS	4400 SE COLUMBIA WAY	
CITY-ST-ZIP	VANCOUVER WA 98661	
TITLE	T	<input type="checkbox"/> Delete
NAME	WITHEE, PATRICIA M	
STREET ADDRESS	4400 SE COLUMBIA WAY	
CITY-ST-ZIP	VANCOUVER WA 98661	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, DAVID H	
STREET ADDRESS	4400 SE COLUMBIA WAY	
CITY-ST-ZIP	VANCOUVER WA 98661	
TITLE	P	<input type="checkbox"/> Delete
NAME	DICKMAN, WESLEY	
STREET ADDRESS	1000 SEMINOLE DRIVE, SUITE #4	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	

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

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: *Patricia M. Withee Sec/Treasurer 360-695-3238*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *3-15-03* Daytime Phone #

CR2E034 (10/02)