

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048958

1. Entity Name
CHRISTENSON'S PAINTING, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90036 033 ***150.00

Principal Place of Business
2760 MARQUIOS DR
ORANGE PARK FL 32073

Mailing Address
2760 MARQUIOS DR
ORANGE PARK FL 32073-6543

2. Principal Place of Business
2760 Marquios Drive
Suite, Apt. #, etc.

3. Mailing Address
2760 Marquios Drive
Suite, Apt. #, etc.

City & State
ORANGE PARK, FL 32073

City & State
ORANGE PARK, FL 32073

4. FEI Number 59-3456782
Applied For
Not Applicable

Zip 32073 Country USA

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

CHRISTENSON, DANIEL J
2760 MARQUIOS DR
ORANGE PARK FL 32073

Name CHRISTENSON, DANIEL J.
Street Address (P.O. Box Number is Not Acceptable)
2760 Marquios Drive
City ORANGE PARK FL Zip Code 32073

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 DANIEL J. CHRISTENSON
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)
DATE 04-31-00

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 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 DANIEL CHRISTOPHER 2760 MARQUIOS DR ORANGE PARK FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: DANIEL J. CHRISTENSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-31-00
Daytime Phone # 904-264-6509

CR2E034 (9/99)