

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90825 024 \*\*\*150.00

0461563 AV

**DOCUMENT # V19940**

1. Entity Name

**DEBORAH CHRISTEN CORPORATION**

Principal Place of Business

**5820 MARINER ST  
TAMPA FL 33609**

Mailing Address

**5820 MARINER ST  
TAMPA FL 33609**

2. Principal Place of Business

**1014 10<sup>th</sup> Circle S/E**

3. Mailing Address

**1014 10<sup>th</sup> Circle S/E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Largo, FL**

City & State

**Largo, FL**

Zip

**33771**

Country

**USA**

Zip

**33771**

Country

**USA**

4. FEI Number

**59-3136128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTEN, DEBORAH  
5820 MARINER ST.  
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name  
**Deborah Christen**

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

**1014 10<sup>th</sup> Circle S/E**

City  
**Largo**

**FL**

Zip Code

**33771**

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 **Deborah Christen**

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

**Deborah Christen**

(NOTE) Registered Agent signature required when reinstating)

**3/20/02**

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHRISTEN, DEBORAH A.</b> <b>5820 MARINER ST</b> <b>TAMPA FL</b>	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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: **Deborah Christen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02**

DATE

**(727) 581-7016**

DAYTIME PHONE #

CR2E034 (9/01)