

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023476

1. Entity Name

JENSEN BEACH RENTALS, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90985 040 ***150.00

Principal Place of Business

2565 N.E. INDIAN RIVER DRIVE
JENSEN BEACH FL 34957
US

Mailing Address

2565 N.E. INDIAN RIVER DRIVE
JENSEN BEACH FL 34957
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

34957

Country

MARTIN

Zip

Country

4. FEI Number

65-0393027

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

SEIBERLING, CATHERINE G

2424 NE GARDNER LN
JENSEN BEACH FL 34957

Name

Seiberling, Catherine G.

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

5683 BOCA CHICA COURT

City

St. Pierre

FL

Zip Code

34982

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

Catherine G. Seiberling

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SEIBERLING, CATHERINE G	
STREET ADDRESS	2565 N.E. INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIBERLING, JAMES J.	
STREET ADDRESS	2565 N.E. INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine G. Seiberling

4/26/01

Date

Daytime Phone #

561-334-6667

CR2E034 (10/00)