

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90421 002 ***150.00

DOCUMENT # P98000101347

1. Entity Name

LJ Inc. of Central Florida

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2152 Ridge Dr

Suite, Apt. #, etc.

3. Mailing Address

2152 Ridge dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FFI Number

59-3555946

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michael O'Quinn

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

25 W. Central Blvd 4th Floor

City

Orlando, FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

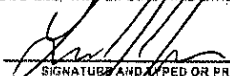
11. OFFICERS AND DIRECTORS

TITLE	CEO/President
NAME	Lee Jensen
STREET ADDRESS	2152 Ridge Dr
CITY-STATE-ZIP	Winter Park, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
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NAME	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, which all other are empowered.

 Lee Jensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 02 407 718 7673

DATE

Daytime Phone #

CR2E034B (12/01)