

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90088 049 \*\*\*150.00

**DOCUMENT # P98000044327**

1. Entity Name  
**SENSEN PROPERTIES, INC.**

Principal Place of Business <del>2109</del> MARTIN LUTHER KING BLVD., STE 111 TAMPA FL 33607 US	Mailing Address 3002 W. AQUILLA ST. TAMPA FL 33629-6007 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3111 MARTIN Luther King Blvd</b> Suite, Apt. #, etc. <b>#300</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>TAMPA FL.</b>	City & State

4. FEI Number <b>59-3512803</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33607</b>	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**SCHECHT, NEIL S**  
~~2909 BAY TO BAY BLVD.~~ **3426 W. Kennedy Blvd.**  
**TAMPA FL 33629**  
**33609**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOLRUD, JEFF</b> <b>3002 W. AQUILLA ST.</b> <b>TAMPA FL 33629</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: *[Signature]* **REQUIRED** **3/20/00**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)