2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State
08-11-2003 90286 007 ***550.00

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DOCUMENT # F97000006514

1. Entity Name
JENSEN CABINET, INC.

Principal Place of Business
205 E MURRAY ST
FORT WAYNE IN 46803
US

Mailing Address
P.O. BOX 10599
FORT WAYNE IN 46853
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 35-1424596 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	JENSEN, DENNIS	NAME	Robertson, Brian
STREET ADDRESS	3530 KIRKLAND AVE	STREET ADDRESS	2336 Compton Drive
CITY-ST-ZIP	FORT WAYNE IN	CITY-ST-ZIP	Fort Wayne IN 46815
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEDRICK, THOMAS	NAME	
STREET ADDRESS	1617 NORTH ANTHONY	STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, JANE	NAME	
STREET ADDRESS	6732 LAURA LN	STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jane A. Franklin Jane A. Franklin Sec/Treas. 8-7-03 260-456-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)