

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32413**

1. Entity Name

**SENSATIONS, LTD.**

FILED

02 MAR 15 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

337 EAST INDIANTOWN ROAD, SUITE 14  
JUPITER FL 33477

Mailing Address

337 EAST INDIANTOWN ROAD, SUITE 14  
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0301237

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

**ROORK, JAY**

337 EAST INDIANTOWN ROAD, SUITE 14  
JUPITER FL 33477

Name

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

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

SIGNATURE

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

9. Capital Contributions

as Shown on record.

**\$6,000.00**

10. Amount of Capital Contribu

in FLORIDA to date.

CHECK PAYABLE TO DEPT. OF STATE  
REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **S96423**  
NAME **SENSATIONS, INC.**  
STREET ADDRESS **337 EAST INDIANTOWN ROAD, SUITE 14**  
CITY-ST-ZIP **JUPITER FL 33477**

STREET ADDRESS

CITY-ST-ZIP

**200005146212--3**

**03/22/02-01042-008**

**\*\*\*\*141.25 \*\*\*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Jay V. Roork*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-28-02

743-9333

CR2E003 (9/01)