

# 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

0147293 AB

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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**  
NAME **JENSEN, DENNIS**  
STREET ADDRESS **3530 KIRKLAND AVE**  
CITY-ST-ZIP **FORT WAYNE IN**

☐ Delete

TITLE **VP**  
NAME **Robertson, Brian**  
STREET ADDRESS **2336 Compton Drive**  
CITY-ST-ZIP **Fort Wayne IN 46815**

☐ Change ☒ Addition

TITLE **V**  
NAME **DEDRICK, THOMAS**  
STREET ADDRESS **1617 NORTH ANTHONY**  
CITY-ST-ZIP **FORT WAYNE IN**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ST**  
NAME **FRANKLIN, JANE**  
STREET ADDRESS **6732 LAURA LN**  
CITY-ST-ZIP **FORT WAYNE IN**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Jane A. Franklin** **SIGNATURE REQUIRED: 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)