

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0598253

**DOCUMENT # H10145**

1. Entity Name  
**JENSEN BEACH ENTERPRISES, INC.**

04-10-2001 90073 043 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>15166 WILES RD<br>P.O. BOX 460<br>CAPTIVA IS. FL 33924 | Mailing Address<br>15166 WILES RD<br>P.O. BOX 460<br>CAPTIVA IS. FL 33924 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |                                       |
|--------------------------------|---------|---------------------|---------|--|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-2424013</b>                                      |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  | Not Applicable                        |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| Zip                            | Country | Zip                 | Country |  |  |                                       |

|   |  |  |  |  |  |  |  |           |          |
|---|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent                     |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>JENSEN, DAVID</b><br>15107 CAPTIVA DR<br>CAPTIVA ISLAND FL 33924 |  |  |  | Name   |  |  |  |           |          |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|   |  |  |  | City   |  |  |  | <b>FL</b> | 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, 2001 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                     |   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|--|---|---------------------------------|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>JENSEN, BETTY J.<br/>15166 WILES DR<br/>CAPTIVA ISLAND FL</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Betty J. Jensen* **4/4/01 (941) 473-5800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)