


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90081 041 ***150.00

DOCUMENT # **H10145**

1. Entity Name
JENSEN'S TWIN PALM RESORT MARINA, INC.



Principal Place of Business
15107 WILES RD 15107 Captiva Drive
P.O. BOX 460 P.O. Box 191
CAPTIVA IS. FL 33924

Mailing Address
15166 WILES RD
P.O. BOX 460 P.O. Box 191
CAPTIVA IS. FL 33924



2. Principal Place of Business
15107 Captiva Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 191
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Captiva Island, FL

City & State
Captiva Island FL

Zip
33924 Country
U.S.A

Zip
33924 Country
USA

4. FEI Number **59-2424013** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JENSEN, DAVID
15107 CAPTIVA DR
CAPTIVA ISLAND FL 33924

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 *David Jensen* **David Jensen Vice President** **01/20/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JENSEN, BETTY J.	15166 WILES DR	CAPTIVA ISLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice President	Jensen, David	15107 Captiva Drive	Captiva Island, FL 33924	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *David Jensen* **David Jensen** **01/20/03** **239-472-5800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)