

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90125 022 \*\*\*150.00

**DOCUMENT # K26204**

1. Entity Name  
**JENSEN SCIENTIFIC PRODUCTS, INC.**



Principal Place of Business  
3773 NW 126 AVENUE  
CORAL SPRINGS FL 33065  
US

Mailing Address  
3773 NW 126 AVENUE  
CORAL SPRINGS FL 33065  
US

**90003729**



2. Principal Place of Business  
**3773 NW 126 Ave**

3. Mailing Address  
**3773 NW 126 Avenue**

Suite, Apt. #, etc.  
**Unit 1**

Suite, Apt. #, etc.  
**Unit 1**

City & State  
**Coral Springs FL**

City & State  
**Coral Springs**

Zip  
**33065** Country **USA**

Zip  
**33065** Country **USA**

4. FEI Number **65-0065985**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITTLE, STEPHEN**  
**7033 SUFFOLK LANE**  
**PARKLAND FL 33067**

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

**01/13/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>P</b> <b>LITTLE, STEPHEN</b> <input type="checkbox"/> Delete		
STREET ADDRESS	<b>7033 SUFFOLK LANE</b>		
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>		
TITLE	NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
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STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03**  
Date

**9543442006**  
Daytime Phone #

CR2E034 (10/02)