

2001 UNIFORM BUSINESS REPORT (UBR)

UBR-509 AF

DOCUMENT # L00000005833

1. Entity Name

THE JENSEN DEVELOPMENT CO., LLC

FILED

01 FEB -8 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1520 N.E. CHARDON ST.
JENSEN BEACH FL 34957

Mailing Address

1520 N.E. CHARDON ST.
JENSEN BEACH FL 34957

2. Principal Place of Business

13211 INDIAN RIVER DR.

Suite, Apt. #, etc.

#1

3. Mailing Address

13211 S. INDIAN RIVER DR.

Suite, Apt. #, etc.

#1

DO NOT WRITE IN THIS SPACE

City & State

JENSEN BEACH, FL.

Zip

34957

Country

ST. LUCIE

City & State

JENSEN BEACH, FL.

Zip

34957

Country

ST. LUCIE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAY, TIMOTHY M
1520 N.E. CHARDON ST.
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

TIMOTHY M. BRAY

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

13211 S. INDIAN RIVER DRIVE

#1

City

JENSEN BEACH

FL

Zip Code

34957

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

Timothy M. Bray TIMOTHY M. BRAY - PRES., SECRETARY TREASURER 2/26/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT/SECRETARY
NAME TREASURER
STREET ADDRESS TIMOTHY M. BRAY
CITY-ST-ZIP 13211 S. INDIAN RIVER DR.
JENSEN BEACH, FL. 34957

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

500003675785--9

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*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Timothy M. Bray* TIMOTHY M. BRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/6/01 561-229-7901

Date

Daytime Phone #

CR2E083 (11/00)