

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90131 024 ***150.00

DOCUMENT # **L76986**



1. Entity Name
**JENSEN'S SOLID SURFACE FABRICATIONS AND KITCHEN
REMODELING, INC.**

Principal Place of Business
**310 N ROME AVE
TAMPA FL 33606
US**

Mailing Address
**310 N ROME AVE
TAMPA FL 33606
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3024993**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**JENSEN, GLENN
470 SEVERN AVE.
TAMPA FL 33606**

Name **JENSEN, GLENN**

Street Address (P.O. Box Numbers Not Acceptable)
131 ADALIA AVE

City **TAMPA**

FL

Zip Code
33606

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.

GLENN JENSEN
(NOTE: Registered Agent signature required when reinstating)

1/27/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** Delete
NAME **JENSEN, GLENN**
STREET ADDRESS **470 SEVERN AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **DPS** Change Addition
NAME **JENSEN, GLENN**
STREET ADDRESS **131 ADALIA AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **S** Delete
NAME **JONES, STEVE**
STREET ADDRESS **1263 PINEY BRANCH RD.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **S VP** Change Addition
NAME **JENSEN, GLENN W.**
STREET ADDRESS **2509 HILSON ST.**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Change Addition
NAME **ERIK VASQUEZ**
STREET ADDRESS **2103 W. BURKE ST.**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

8132500286
Daytime Phone #

CR2E034 (10/02)