## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2002 8:00 am Secretary of State DOCUMENT # N9500002111 JENSEN BEACH MAIN STREET, INC. 04-10-2002 90022 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 1930 NE JENSEN BEACH BLVD 1930 NE JENSEN BEACH BLVD JENSEN BEACH FL 34957 DOBMOORE JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0580221 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRUDEL, ROBERT R 1897 JENSKN BEACH BLVD JENSUE BEACH FL 34957 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition de angelis, ken NAME NAME STREET ADDRESS 3180 NE MAPLE AVENUE STREET ADDRESS CITY-ST-ZIE JENSEN BEACH FL 34957 CITY-ST-ZIP DT TITLE ☐ Delete TITLE Change Addition PINNER, KAY NAME NAME STREET ADDRESS 1999 NE JENSEN BEACH BLVD STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP DP ---TITLE ---TITLE ☐ Addition ☐ Change NAME trudel, robert r STREET ADDRESS 1897 JENSEN BEACH BLVD STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP DΡ TITLE ☐ Delete ☐ Change ☐ Addition NAME LINDA MITCHELL STREET ADDRESS 3670 INDIAN RIVER DE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENSEN BEACH, FL 34957 TITLE ☐ Delete ecretay.—DS ☐ Change ■ Addition NAME Anne Scha STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 peport 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with adjustment with all other like empowered.

**#SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #