

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90096 041 ****61.25

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1. Entity Name

JENSEN BEACH MAIN STREET, INC.



Principal Place of Business

**1930 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US**

Mailing Address

**1930 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US**

2. Principal Place of Business

Mailing Address

PO Box 1292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jensen Beach FL

Zip

Country

Zip

Country

34958-1292 USA

4. FEI Number **65-0580221**

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

**PINNER, KAY
1999 NE JENSEN BCH BV
JENSEN BEACH FL 34957**

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

Kay Pinner

Kay Pinner

9/9/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☒ Delete
NAME **DE ANGELIS, KEN**
STREET ADDRESS **3180 NE MAPLE AVENUE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT, Pres.** ☐ Delete
NAME **PINNER, KAY**
STREET ADDRESS **1999 NE JENSEN BEACH BLVD**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Delete
NAME **MITCHELL, LINDA**
STREET ADDRESS **3670 INDIAN RIVER DR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☒ Delete
NAME **MITCHELL, LINDA**
STREET ADDRESS **3 HIBISCAUS DR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
NAME **Thomas Hickey**
STREET ADDRESS **1930 NE Jensen Beach Blvd.**
CITY-ST-ZIP **Jensen Beach FL 34957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
NAME **Diane B. Garrido**
STREET ADDRESS **1939 NE Jensen Beach Blvd.**
CITY-ST-ZIP **Jensen Beach FL 34957**

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 617, 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:

Kay Pinner

SIGNATURE REQUIRED

President

9/9/03 772-334-2796

CR2E037 (4/03)