

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

0073770

DOCUMENT # P00000031345

1. Entity Name

JENSON-KEESE CONSULTING, INC.

06-01-2001 90001 043 ***550.00

Principal Place of Business

**1254 SHELTER ROCK ROAD
 ORLANDO FL 32835**

Mailing Address

**1254 SHELTER ROCK ROAD
 ORLANDO FL 32835**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3640442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DAVEY, CATHERINE E
 159 LOOKOUT PLACE
 SUITE 101
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Pohl & Short, P.A.

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

280 WEST CANTON AVE

SUITE 410

City

WINTER PARK

FL

Zip Code

32789

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.

Pohl & Short, P.A.

SIGNATURE By:

Frank L. Pohl, President

5/29/01

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

(NO Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW !! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BOTHA, CHRIS**
 STREET ADDRESS **1254 SHELTER ROCK ROAD**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP/D** ☒ Change ☐ Addition
 NAME **BOTHA, CHRIS**
 STREET ADDRESS **1254 SHELTER ROCK RD**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **P/S/T/D** ☐ Change ☒ Addition
 NAME **LANUTO, FRANKLIN**
 STREET ADDRESS **325 SUN OAKS CT.**
 CITY-ST-ZIP **LAKE MARY FL 32746**

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with which I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/01

Daytime Phone #

407 522 8023

CR2E034 (10/00)