

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070447

1. Entity Name  
JENSEN BEACH MARKETING, INC.

Principal Place of Business  
3250 NORTHEAST CANDICE AVENUE  
UNIT 81  
JENSEN BEAH FL 34957

Mailing Address  
3250 NORTHEAST CANDICE AVENUE  
UNIT 81  
JENSEN BEAH FL 34957

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
65-1026004

Applied For  
Not Applicable

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WIMMER, BRUCE R SR.  
STREET ADDRESS 709 SOUTHEAST FALLON DRIVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

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

TITLE SVD  
NAME WIMMER, MARILYN J  
STREET ADDRESS 709 SOUTHEAST FALLON DRIVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

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

TITLE VD  
NAME REED, GARY JR  
STREET ADDRESS 709 SOUTHEAST FALLON DRIVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

TITLE VP  
NAME Reed, Gary Jr  
STREET ADDRESS 1110 SE Walton Lakes Dr  
CITY-ST-ZIP Port St Lucie, FL 34952 ☒ Change ☐ Addition

TITLE D  
NAME COHEN, M. ANN  
STREET ADDRESS 709 SOUTHEAST FALLON DRIVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34983 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 all other like empowered.

SIGNATURE: BORW Bruce R. Wimmer 4-23-01 (561) 232-2883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90379 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)