

2002 UNIFORM BUSINESS REPORT (UBR)

0127881 AT

FILED

02 DEC 9 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000032207

1. Entity Name
JENSEN INVESTMENTS, INC.

Principal Place of Business
5300 S FLORIDA AVE
LAKELAND FL 33813

Mailing Address
C/O WENDEL & CHRITTON, CHARTERED
P.O. BOX 5378
LAKELAND FL 33807

2. Principal Place of Business

2769 New Tampa Hwy
Suite, Apt. #, etc.

3. Mailing Address

2769 New Tampa Hwy
Suite, Apt. #, etc.

City & State
LAKELAND, FLA.

City & State
LAKELAND, FLA.

4. FEI Number
59-3742525

Applied For
Not Applicable

Zip
33815

Country
POLK

Zip
33815

Country
POLK

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENDEL, JOHN F
C/O WENDEL & CHRITTON
5300 S FLORIDA AVE
LAKELAND FL 33807

7. Name and Address of New Registered Agent

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 *John F. Wendel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/2/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES. & DIR.
RANDY C. JENSEN
PO BOX 90001688
LAKELAND, FLA. 33802

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200009043242
11/18/02-01016-015 ***550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12-09-02 01026 015 \$200

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 all other like empowered.

SIGNATURE: *Randy C. Jensen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02 863/682-9533
Date Daytime Phone #

CR2E034 (4/02)