

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-21-2003 90166 033 ***150.00

DOCUMENT # P01000032207

1. Entity Name
JENSEN INVESTMENTS, INC.



Principal Place of Business
2769 NEW TAMPA HWY
LAKELAND FL 33815

Mailing Address
PO BOX 1688
LAKELAND FL 33802



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

593742525

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Randy Jensen	
STREET ADDRESS	PO Box 1688	
CITY-ST-ZIP	Lakeland FL 33802	
TITLE	Sec/Treas	<input type="checkbox"/> Delete
NAME	Christine Harrell	
STREET ADDRESS	PO Box 1688	
CITY-ST-ZIP	Lakeland FL 33802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:

Christine Harrell
SIGNATURE AND TYPED OR PRINTED NAME OF OWNING OFFICER OR DIRECTOR
Date: **2-19-03** Daytime Phone #: **863/ 1688-9533**

CR2E034 (10/02)