

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0493743 AV

04-09-2002 90034 047 \*\*\*150.00

**DOCUMENT # P01000080274**

**1. Entity Name**  
**ERIK JENSEN ELECTRIC, INC.**

**Principal Place of Business**  
**526 S.E. 2ND STREET**  
**CAPE CORAL FL 33990**

**Mailing Address**  
**526 S.E. 2ND STREET**  
**CAPE CORAL FL 33990**

**2. Principal Place of Business**  
**2306 SW 50th St**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**2306 SW 50th St**  
 Suite, Apt. #, etc.

**City & State**  
**Cape Coral FL**  
**Zip**  
**33914**  
**Country**

**City & State**  
**Cape Coral FL**  
**Zip**  
**33914**  
**Country**

**4. FEI Number**  
**65-1128919**

**Applied For**  
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**  
**JENSEN, ERIK C**  
**526 S.E. 2ND STREET**  
**CAPE CORAL FL 33990**

**7. Name and Address of New Registered Agent**  
**Name**  
**Erik C Jensen**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2306 SW 50th St**  
**City**  
**Cape Coral**  
**FL**  
**Zip Code**  
**33914**

**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** *Erik Jensen* **Erik Jensen President** **3-31-02**  
Signature of registered agent or printed name of registered agent and title if applicable. (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JENSEN, ERIK C</b> <b>526 S.E. 2ND STREET</b> <b>CAPE CORAL FL 33990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JENSEN, LISA G</b> <b>526 S.E. 2ND STREET</b> <b>CAPE CORAL FL 33990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Lisa Jensen* **LISA Jensen** **3-30-02** **941-549-9799**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)