2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000080274 **DOCUMENT #**

1. Entity Name ERIK JENSEN ELECTRIC, INC.



FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90628 045 ***150.00

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Principal Plac 2306 SW 50TI 33914 FL 339	4 ST	Mailing Address 2306 SW 507H ST 33914 FL 33990							1881), 818), 188)	
2. Principal P	lace of Business	3. Mailing Address			-	l i saliseu l air seis h airtin beair ce ill be		† 88 018 0 31 0 11 3	1111 1111 1111)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\dashv	CHECK HERE IF MAKING CHANGES				
City & Stat	"2"a	City & State			4. F	FEI Number 65-1128919		_ 	oplied For	
Zip	Country	Zip	Zip Coun			Certificate of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent			L	7. Name and Address of New Registered Agent						
or that the state of the state				Name						
JENSEN, 2306 SW	erik C 50 th street	Street Address			s (P.O. Box Number is Not Acceptable)					
CAPE CO	RAL FL 33914									
				City			FL	Zip Code	e	
	named entity submits this statement foions of registered agent.	r the purpose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Florida.	l am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature requi	ired when re	einstating) C	ATE			
≤\After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				Election Campaign Financin Trust Fund Contribution.			0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND D	RECTORS	3 IN 11	
TITLE	D FINSEN EDIK C	Delete	TITL					_ Change	☐ Addition	
NAME	Jensen, erik C 526 s.e. 2nd street	•	NAM	E ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	CAPE CORAL FL 33990			-ST-ZIP						
TITLE	D	☐ Delete	TITL				[Change	Addition	
NAME	JENSEN, LISA G		NAM	Ε				_ •	_	
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STREET ADDRESS				ET ADDRESS				f		
CITY-ST-ZIP		3.7 (9)		-ST-ZIP	<u> </u>	440 07(0)(0) FI 14 00 14 14 1				
iz. Thereby c	certify that the information supplied with	this filing does not qualify for	the exe	mption stated in 3	Section 1	T19.07(3)(I), Florida Statutes. I furthe	er certify	tnat the in	itormation I	

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: