

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91086 044 ***150.00

DOCUMENT # P02000013717

1. Entity Name
SUNDANCE ENTERPRISES OF NAPLES, INC.



Principal Place of Business
**1057 PORT ORANGE WAY
NAPLES FL 34120**

Mailing Address
**1057 PORT ORANGE WAY
NAPLES FL 34120**



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

36-4488453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JENSEN, LEROY J
285 NAPLES COVE DRIVE #1506
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

JENSEN, LEROY J.

Street Address (P.O. Box Number is Not Acceptable)

1057 PORT ORANGE WAY

City

NAPLES

FL

Zip Code

34120

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)

3/12/03

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

TITLE **DPT** ☒ Delete
NAME **JENSEN, LEROY J**
STREET ADDRESS **285 NAPLES COVE DRIVE #1506**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **DVS** ☒ Delete
NAME **JENSEN, JODIE K**
STREET ADDRESS **285 NAPLES COVE DRIVE #1506**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **JENSEN, LEROY J.**
STREET ADDRESS **1057 PORT ORANGE WAY**
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **DVS** ☒ Change ☐ Addition
NAME **JENSEN, JODIE K.**
STREET ADDRESS **1057 PORT ORANGE WAY**
CITY-ST-ZIP **NAPLES, FL 34120**

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

239-348-8528

Daytime Phone #

CR2E034 (10/02)