

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/16

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90082 025 \*\*\*150.00

**DOCUMENT # P02000025937**

1. Entity Name  
**JENSEN HOME SERVICE INC**



Principal Place of Business  
**1889 SW McALLISTER LN  
PORT ST LUCIE FL 34953**

Mailing Address  
**1889 SW McALLISTER LN  
PORT ST LUCIE FL 34953**



2. Principal Place of Business  
**1889 SW McALLISTER LN**  
Suite, Apt. #, etc.

3. Mailing Address  
**1889 SW McALLISTER LN**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Port St Lucie FL**  
Zip  
**34953**

City & State  
**Port St Lucie FL**  
Zip  
**34953**

4. FEI Number  
**60-0001204**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENSEN, JOHN P III  
1889 SW McALLISTER LN  
PORT ST LUCIE FL 34953**

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  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT, VICE President, Secretary / Treasurer	John P JENSEN III	1889 SW McALLISTER LN	Port St Lucie, FL 34953	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

1/13/2003  
Date

772-340-4045  
Daytime Phone #

CR2E034 (10/02)