

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

City & State
Port St Lucie FL

Zip
34953

Country
US

Zip
34953

Country
US

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2003 **772-340-4045**
Date Daytime Phone #

CR2E034 (10/02)