2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State
09-04-2003 90072 009 ***150.00

001837 AV

DOCUMENT # P02000096302

1. Entity Name
US-JEN ENTERPRISES,INC.

Principal Place of Business	Mailing Address
1100 PINAR DRIVE ORLANDO FL 32825	1100 PINAR DRIVE ORLANDO FL 32825

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number #32-0030117 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCHENA, MARCOS R 233 S. SEMORAN BLVD. ORLANDO FL 32807	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 $550.00
After September 10, 2003 Fee will be $750.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALDES, ROBERT J		NAME		
STREET ADDRESS	1100 PINAR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VALDES, ROBERT J		NAME		
STREET ADDRESS	1100 PINAR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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 8-29-03 407 898-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

LIS/JEN INC.

1308 BALDWIN DRIVE
ORLANDO, FLORIDA 32806
407/898-0783

80144091
P02000076302

TO WHOM IT MAY CONCERN.

INCLOSED PLEASE FIND PAYMENT OF $150.00 FOR 2003 UNIFORM BUSINESS REPORT.

THIS IS ALSO TO NOTIFY YOU THAT THIS IS THE ONLY NOTICE I HAVE RECEIVED REGARDING PAYING THIS FILING FEE.

THIS IS MY FIRST YEAR FILING AS A CORPORATION AND WAS NOT AWARE OF THIS FILING.

PLEASE FEEL FREE TO CONTACT ME AT 321-228-7386 IF YOU SHOULD HAVE ANY FURTHER QUESTIONS

THANK YOU

PRESIDENT