## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## **FILED** Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # P94000055544** THE GREGORY J. JORGENSEN CORPORATION 03-26-2001 90026 050 \*\*\*150.00 Principal Place of Business Mailing Address 4747 RINGWOOD MEADOW DR. 4747 RINGWOOD MEADOW DR. SARASOTA FL 34235-7728 SARASOTA FL 34235-7728 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0503350 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required -7. Name and Address of New Registered Agent-~> ~6. Name and Address of Current Registered Agent ~ Name FELDMAN, MARC H Street Address (P.O. Box Number is Not Acceptable) 3908 26TH ST W **BRADENTON FL 34205** Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE JORGENSEN, GREGORY J NAME 4747 RINGWOOD MEADOW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235-7728 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP t qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the info multion supplied with indicated on this report or sup of the corporation or the receive changed, or on an attackment accurate