

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90282 030 \*\*\*150.00

**DOCUMENT # P97000057806**

1. Entity Name

GARY LENSEN, P.A.

Principal Place of Business

Mailing Address

2233 6TH AVE  
LORIDA FL 33857  
US

2233 6TH AVE  
LORIDA FL 33857  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LORIDA, FL

Zip

Country

Zip

Country

33857

Highlands

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENSEN, GARY-  
2233 6TH AVE  
LORIDA FL 33857

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME LENSON, GARY  
STREET ADDRESS PO BOX 16543  
CITY-ST-ZIP PLANTATION FL 33318 ☐ Delete

TITLE D  
NAME GARY LENSEN  
STREET ADDRESS 2233 6TH AVE  
CITY-ST-ZIP LORIDA, FL 33857 ☒ Change ☐ Addition

TITLE V  
NAME GORDON, DEBRA  
STREET ADDRESS 2233 6TH AVE  
CITY-ST-ZIP LORIDA FL 33857 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 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

2/21/01

Date

803-605-3115

Daytime Phone #

CR2E034 (10/00)