

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051075

1. Entity Name

SVENDSEN ENTERPRISES, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90086 042 ***150.00

Principal Place of Business

4575 ST. JOHNS AVE., SUITE 2
JACKSONVILLE FL 32210

Mailing Address

PO BOX 14877
JACKSONVILLE FL 32238-1877

2. Principal Place of Business

Suite, Apt. #, etc.

P.O. Box 14877

City & State

Jacksonville, FL

Zip

32238-1877

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3512747

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

SVENDSEN, EVERETT G
4575 ST. JOHNS AVE., SUITE 2
JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

5633 Swamp Fox Road

City

Jacksonville

FL

Zip Code

32210

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, 2000 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

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SVENDSEN, EVERETT G 5633 SWAMP FOX RD. JACKSONVILLE FL 32210 | <input type="checkbox"/> Delete |
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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:

SVENDSEN, EVERETT G, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/00 904-387-4600

Daytime Phone #