

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2003

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 027 ***150.00

DOCUMENT # P98000101347

1. Entity Name

JENSEN TRANSPORT INC FKA
L.J. Inc. of Central Florida



DO NOT WRITE IN THIS SPACE

11040124

2. Principal Place of Business

13905 W. COLONIAL DR

Suite, Apt. #, etc.

161

City & State

WINTER GARDEN, FL

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3555946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LEE JENSEN MICHAEL A. O'QUINN

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

25 W. CENTRAL Blvd 4th Floor

13905 W. COLONIAL DR # 161

City

WINTER GARDEN Orlando FL

Zip Code

34787 32801

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
LEE JENSEN
13905 W. COLONIAL DR, # 161
WINTER GARDEN, FL 34787

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #