

2000 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
May 02, 2000 8:00 am
Secretary of State

03-08-2000 90042 024 ***150.00

DOCUMENT # P98000106317

1. Entity Name

JENSEN INTERNATIONAL MOVING SERVICE, INC.

Principal Place of Business

Mailing Address

2159 ANDREA LANE, D3
 FT. MYERS FL 33912

2159 ANDREA LANE, D3
 FT. MYERS FL 33912-1927

2. Principal Place of Business

3. Mailing Address

4521 RANDAG DR

4521 RANDAG DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N. FT MYERS

N. FT MYERS

City & State

City & State

FLA

FLA

Zip

Zip

33903

Country

33903

Country

4. FEI Number

65-0885235

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

POWELL, WILLIAM M
 3515 DEL PRADO BLVD., SUITE 101
 CAPE CORAL FL 33904

Name

RICHARD L. PURTZ

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

1315 Broadway P.O. Box 2366

City

FT MYERS FL

FL

Zip Code

33902

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

Richard L. Purtz

3-27-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, DONNA	
STREET ADDRESS	2159 ANDREA LANE, D3	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRN, HYANG OK	
STREET ADDRESS	2159 ANDREA LANE, D3	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	PT	<input type="checkbox"/> Delete
NAME	DIAZ, ROSENDO	
STREET ADDRESS	2159 ANDREA LANE, D3	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	KIRN, PETER	
STREET ADDRESS	2159 ANDREA LANE, D3	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

MARCH 6 - 2K

Date

Daytime Phone #

CR2E034 (9/99)