2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$13329 1. Entity Name JENSEN/JENSEN CORPORATION						Secretary of State 05-06-2002 90274 012 ***150.00					
Principal Place of Business # J. PHIL JENSEN # J. PHIL JENSEN # J. PHIL JENSEN # B319 WHISPERING WOODS CT. ## BRADENTON FL 34202-2272 ## US ## US ## Wailing Address ## J. PHIL JENSEN ## B319 WHISPERING WOODS ## BRADENTON FL 34202-2272 ## US											
6633 5 Suite, Apt	Place of Business 53 nd Ave. E. (S.R. 70) # etc.	ve.£	F. (S.P. :	70)	DO NOT WRITE IN THIS SPACE						
# 56D # 56D City & State City & State			ر سر		4.	4. FEI Number 59-3037228 Applied For]
3-42	Country O3	Bradenton Zip 34203	Count			Certificate of Status	Desired	\$8.75	Additi	Applicable ional	1
	6. Name and Address of Current R	egistered Agent		,,,, _ <u></u>	7.	Name and Addres					1
(ENOEN	DOOM SE LYANG			Name	No	Change.					1
JENSEN, ROSALEE LYNNE				Street Addr	ress (P.O. E	Change Box Number is Not 3 Me Ave	Acceptable)				1
8319 WHISPERING WOODS CT.				663	3 5	3 rd AVE.	East	(S. P.)	<u>70)</u>		1
DHAUENI	ON FL 34202-2272			#	56D	! 		•	•		
				City B	rade	nton,	· · · · · · · · · · · · · · · · · · ·	FL 多	Code	, J	1
Tax filing	Rosalee Lynne Josephane or registered agent and coration is eligible to satisfy its Intangible requirement and elects to do so ratio on back)		FEE I	/ill be \$550.	.00	10. Election Ca Trust Fund	mpaign Financ Contribution.	·	2./0. 5.00 dded to	May Be	
11.	OFFICERS AND DI	RECTORS	12.			DITIONS/CHANGI	S TO OFFICE	RS AND DIRECT	ORS II	N 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENSEN, J. PHIL 8319 WHISPERING WOODS CT. BRADENTON FL	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	NO C	change hange 53nd Au inton, Flor	e. East,	(S.R.70) = 34203	-	□ Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete ENSEN, R., LYNNE 319 WHISPERING WOODS CT. RADENTON FL		TITLE NAME STREET CITY-S	4	Noch	ange ange 53nd Au enton, Flo		·SZI Char	ige [□ Addition	000
TITLE NAME STREET ADDRESS STY-ST-ZIP	DIVIDENTONTE	☐ Delete	TITLE NAME	ADDRESS	srade	enton, F/0	rida_	<u>3420∃</u> □ Char	<u>}</u> ige [Addition	
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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: _

Miles Plan Por Phil Jensen 4/22/02 828/508-6550
TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date 9/9/1009 Phone #