

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90100 028 ***150.00

DOCUMENT # S13329

1. Entity Name
JENSEN/JENSEN CORPORATION



Principal Place of Business
~~6633 53ND AVE. E. (S.R. 70)~~
~~#56D~~
~~BRADENTON FL 34203~~
US

Mailing Address
~~6633 53ND AVE. E. (S.R. 70)~~
~~#56D~~
~~BRADENTON FL 34203~~
US

2. Principal Place of Business

4139 CENTER POINTE CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

4139 CENTER POINTE CIRCLE
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

USA

Zip

34233

Country

USA

4. FEI Number **59-3037228**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JENSEN, ROSALEE LYNNE

~~6633 53ND AVE. E. (S.R. 70)~~

~~#56D~~

~~BRADENTON FL 34203~~

7. Name and Address of New Registered Agent

Name

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

4139 CENTER POINTE CIRCLE

City

SARASOTA

FL

Zip Code

34233

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

Rosalee Lynne Jensen

Rosalee Lynne Jensen

4/7/03

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	JENSEN, J. PHIL	
STREET ADDRESS	6633 53ND AVE. E. (S.R. 70) #56D	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JENSEN, R. LYNNE	
STREET ADDRESS	6633 53ND AVE. E. (S.R. 70) #56D	
CITY-ST-ZIP	BRADENTON FL 34203	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4139 CENTER POINTE CIRCLE</i>
CITY-ST-ZIP	<i>SARASOTA, FL 34233</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4139 CENTER POINTE CIRCLE</i>
CITY-ST-ZIP	<i>SARASOTA, FL 34233</i>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phil Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/7/03

(828) 926-2582

Date

Daytime Phone #

0545900 AV

CR2E034 (10/02)