2000 UNIFORM BUSINESS REPORT (UBR)

ST ZIP

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # \$27189** AMERICA'S #1 BIG & TALL JENSEN, INC. 05-17-2000 90926 004 ***150.00 Mailing Address Principal Place of Business 1544 GOODWOOD TERRACE --- GOODWOOD TERRACE WEST PALM BEACH FL 33414-8979 PALM BEACH FL 33414 じじいひませんさ 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0249656 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEGAL, RANDOLPH A. Street Address (P.O. Box Number is Not Acceptable) 1544 GOODWOOD TERRACE WELLINGTON FL 33414 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS íi, ☐ Addition CR2E034 (9/99 Change PSTD TITLE ☐ Delete NAME SEGAL, RANDOLPH A. STREET ADDRESS 1544 GOODWOOD TERR. CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Addition Change Delete TITLE NAME STREET ADDRESS . . . LONG C CITY-ST-ZIP ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS . Manuar Co ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

! 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.

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

□ Delete

Change

☐ Addition