

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90006 028 ***700.00

0257028

DOCUMENT # V16062

1. Entity Name
JENSON SUPPLY, INC.

Principal Place of Business

5150 S.W. 48TH WAY #606
 DAVIE FL 33314
 US

Mailing Address

5150 S.W. 48TH WAY #606
 DAVIE FL 33314
 US

A0074223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3921 S.W. 47th Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 1020

Suite, Apt. #, etc.

City & State
Davie, Fl.

City & State

4. FEI Number **65-0326138**

Applied For
 Not Applicable

Zip
33314

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

BODNER, LAWRENCE
2901 STIRLING RD
STE 208
FORT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BODNER, LAWRENCE	
STREET ADDRESS	2901 STIRLING RD #208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BODNER, GARY	
STREET ADDRESS	3090 NORTH 34TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BODNER, FREDERIC	
STREET ADDRESS	2901 STIRLING RD #208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODNER, JACQUES	
STREET ADDRESS	2000 ISLAND BLVD- PH6	
CITY-ST-ZIP	AVENTURA FL 33160	
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		
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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:

GARY BODNER

6/14/01

954-321-9046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)