

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91304 040 ***150.00

DOCUMENT # V16062

1. Entity Name
JENSON SUPPLY, INC.

Principal Place of Business

**3921 SW 47TH AVE.
 SUITE 1020
 DAVIE FL 33314
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

3921 S.W. 47th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1020

City & State

City & State

DAVIE

FL

4. FEI Number

65-0326138

Applied For

Not Applicable

Zip

Country

Zip

33314

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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

BODNER, LAWRENCE

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

3921 S.W. 47th AVE

1020

City

DAVIE

FL

Zip Code

33314

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

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, 2002 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** ☐ Delete
 NAME **BODNER, LAWRENCE**
 STREET ADDRESS **2901 STIRLING RD #208**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition
 NAME **BODNER, LAWRENCE**
 STREET ADDRESS **3921 S.W. 47th AVE # 1020**
 CITY-ST-ZIP **DAVIE, FL. 33314**

TITLE **VP** ☐ Delete
 NAME **BODNER, GARY**
 STREET ADDRESS **3090 NORTH 34TH STREET**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
 NAME **BODNER, GARY**
 STREET ADDRESS **3090 NORTH 34TH STREET**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **S** ☐ Delete
 NAME **BODNER, FREDERIC**
 STREET ADDRESS **2901 STIRLING RD #208**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition
 NAME **BODNER, FREDERIC**
 STREET ADDRESS **2901 STIRLING RD #208**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
 NAME **BODNER, JACQUES**
 STREET ADDRESS **2000 ISLAND BLVD- PH6**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Change ☐ Addition
 NAME **BODNER, JACQUES**
 STREET ADDRESS **2000 ISLAND BLVD- PH6**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

954-321-9884
 Daytime Phone #

CR2E034 (9/01)