

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V60146**

1. Entity Name

P & S SALES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90040 036 ***150.00

Principal Place of Business

**3201 SOUTHFORK DRIVE
P.O. BOX 668
PLYMOUTH FL 32768**

Mailing Address

**3201 SOUTHFORK DRIVE
P.O. BOX 668
PLYMOUTH FL 32768**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3140146**

Approved For

Not Approved

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENSEN, POUL J.
3201 SOUTHFORK DRIVE
PLYMOUTH FL 32768**

Name

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

City

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

Signature, typed or printed name of registered agent and the filer, each.

(NOTE: Registered Agent signature required when registering.)

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 \$650.00
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 2001

TITLE	PD	☐ Delete
NAME	JENSEN, POUL J.	
STREET ADDRESS	3201 SOUTHFORK DR.	
CITY-STATE-ZIP	PLYMOUTH FL	
TITLE	STD	☐ Delete
NAME	JENSEN, SHARON L.	
STREET ADDRESS	3201 SOUTHFORK DR.	
CITY-STATE-ZIP	PLYMOUTH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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 contained 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 I file empowered.

SIGNATURE

Sharon Jensen **SHARON JENSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 407-880-3668

CR2E034 (10/00)