

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91388 046 ***150.00

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DOCUMENT # K43838

1. Entity Name
JOHAN & YORK, INC.



Principal Place of Business
**12179 APOPKA VINELAND ROAD
UNIT 541
ORLANDO FL 32836
US**

Mailing Address
**P.O BOX 2340
WINDERMERE FL 34786
US**



2. Principal Place of Business
5728 MAJOR BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 309

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State

4. FEI Number **59-2932689**

Applied For
Not Applicable

Zip
32819

Country
USA

Zip

Country

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

**NANA, K.J.
12179 APOPKA VINELAND ROAD
UNIT 541
ORLANDO FL 32836**

Name
NANA, RUPEN

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

5728 MAJOR BOULEVARD, SUITE 309

City
ORLANDO

FL

Zip Code
32819

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 DATE **4/24/03**

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NANA, J.D.
P.O BOX 2340
WINDERMERE FL 34786** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NANA, K.J.
12179 APOPKA VINELAND ROAD, UNIT 541
ORLANDO FL 32836** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NANA, RUPEN
8815 CONROY WINDERMERE RD #220
ORLANDO, FL 32835** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUPEN NANA, VPRESIDENT 4/24/03 248-2600

Date

Daytime Phone #

CR2E034 (10/02)