2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90174 021 ***150.00

DOCUMENT # K78292

1. Entity Name
JANET CRISTOFORI, INC.

Principal Place of Business	Mailing Address
%JANET GAIL CRISTOFORI 1559 U.S. 1 UNIT #3 SEBASTIAN FL 32958	%JANET GAIL CRISTOFORI 1559 U.S. 1 UNIT #3 SEBASTIAN FL 32958

114080

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
412 Indian River Drive	1225 45th Court S.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebastian, Florida	City & State: Vero Beach, Florida
Zip: 32958 Country	Zip: 32968 Country

4. FEI Number 65-0108980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRISTOFORI, JANET GAIL
RIVERVIEW CENTER
1559 U.S. 1 UNIT #3
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
412 Indian River Drive

City Sebastian, FL Zip Code 32958

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 Janet Cristofori 1/25/2001
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS CRISTOFORI, JANET GAIL 1559 U.S. 1 UNIT #3 SEBASTIAN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 412 Indian River Drive Sebastian, Fl. 32958
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISTOFORI, JANET GAIL 1559 U.S. 1 UNIT #3 SEBASTIAN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 412 Indian River Drive Sebastian, Fl. 32958
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRISTOFORI, BRUNO 1559 U.S. 1 UNIT #3 SEBASTIAN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 412 Indian River Drive Sebastian, Fl. 32958
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Janet Cristofori 1/25/01 (561) 589-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #