

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90025 039 ***150.00

0127199 AV

DOCUMENT # K78292

1. Entity Name
JANET CRISTOFORI, INC.

Principal Place of Business
412 INDIAN RIVER DRIVE
1559 U.S. 1 UNIT #3
SEBASTIAN FL 32958

Mailing Address
%JANET GAIL CRISTOFORI
1225 45TH COURT S.W.
VERO BEACH FL 32969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0108980		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRISTOFORI, JANET GAIL
412 INDIAN RIVER DRIVE
SEBASTIAN FL 32958

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS CRISTOFORI, JANET GAIL 412 INDIAN RIVER DRIVE SEBASTIAN FL 32958	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISTOFORI, JANET GAIL 412 INDIAN RIVER DRIVE SEBASTIAN FL 32958	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRISTOFORI, BRUNO 412 INDIAN RIVER DRIVE SEBASTIAN FL 32958	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02 (561)589-1602
 Date Daytime Phone #

CR2E034 (9/01)