

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L74689**

1. Entity Name

**JANAL, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90028 006 \*\*\*158.75

Principal Place of Business

Mailing Address

**2180 NICHOLSON DRIVE  
 BATON ROUGE LA 70802  
 US**

**2180 NICHOLSON DRIVE  
 BATON ROUGE LA 70802-8156  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3012164**

Applied For

Not Applied For

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**AMERILAWYER ( LAWRENCE J SPEIGEL )  
 343 ALMERIA AVE  
 CORAL GABLES FL 33134**

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

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, 2000 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  Delete

**D**  
**SEATON, JANNIFER**  
**2180 NICHOLSON DRIVE**  
**BATON ROUGE LA 70802**

TITLE  Change  Add

TITLE  Delete

**D**  
**SEATON, JOSEPH E**  
**2180 NICHOLSON DRIVE**  
**BATON ROUGE LA 70802**

TITLE  Change  Add

TITLE  Delete

**D**  
**BLACKFORD, GLORIA SEATON**  
**9126 S. BAY DRIVE**  
**ORLANDO FL 32819**

TITLE  Change  Add

TITLE  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add

TITLE  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add

TITLE  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add

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:**

*Jennifer Seaton (President)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2000  
 Date

407-234-80  
 Daytime Phone #