

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43806

1. Entity Name

JANUS & HILL CORPORATION

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90307 034 ***150.00

802117



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6295 LAKE WORTH RD STE 19 LAKE WORTH FL 33463 US	Mailing Address 6295 LAKE WORTH RD STE 19 LAKE WORTH FL 33463-3033 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2755028	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HILL, MONICA B.
9887 CROSS PINE COURT
LAKE WORTH FL 33467

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, 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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, MONICA B. 9887 CROSS PINE CT LAKE WORTH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS JANUS, LIDIA E. 9020 WINDING WOODS DR. LAKE WORTH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, GREGGORY A. 9887 CROSS PINE CT LAKE WORTH FL	☐ 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	SD Hill, Gregory A. 9887 Cross Pine Court Lake Worth, Florida 33467	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: Monica B. Hill 1/11/00 (561) 967-6679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)