FILED

Jan 15, 2002 8:00 am

(561) 967-6679

1/07/02

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43806 **Secretary of State** 01-15-2002 90038 003 ***158.75 JANUS & HILL CORPORATION Principal Place of Business Mailing Address 6295 LAKE WORTH RD 6295 LAKE WORTH RD 000/49 STE 19 **STE 19** LAKE WORTH FL 33463 LAKE WORTH FL 33463 us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2755028 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Monica B. Hill HILL, MONICA B. Street Address (P.O. Box Number is Not Acceptable) 3355 Santa Barbara Drive 9887 CROSS PINE COURT LAKE WORTH FL 33467 733414 Wellington 8. The abeve named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)Change ☐ Addition TITLE TITLE ☐ Delete Monica B. Hill 3355 Santa Barbara Drive HILL, MONICA B. NAME NAME CR2E034 9887 CROSS PINE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL Wellington, FL 33414 SD XX Change Addition Delete TITLE TITLE Greggory A. Hill 3355 Santa Barbara Drive Wellington, FL 33414 NAME NAME HILL, GREGGORY A STREET ADDRESS 9887 CROSS PINE COURT STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP XX Change ☐ Addition TITLE TITLE ... 🗀 . Delete Greggory A. Hill 3355 Santa Barbara Drive Wellington, FL 33414 HILL, GREGGORY A NAME NAME 9887 CROSS PINE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Marie Carthelle EDMonica B. Hill

SIGNATURE: