## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P31293** May 17, 2000 8:00 am Secretary of State V.R. JANOWICH & CO., INC. 05-17-2000 90861 042 \*\*\*150.00 Mailing Address Principal Place of Business 210 BRUCE COURT 210 BRUCE COURT MARATHON FL 33050-2952 MARATHON FL 33050 2. Principal Place of Business OBOX 500203 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 34-1322647 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JANOWICH, VINCENT R Street Address (P.O. Box Number is Not Acceptable) 210 BRUCE COURT MARATHON FL 33050 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME JANOWICH, VINCENT R. STREET ADDRESS STREET ADDRESS 210 BRUCE COURT CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME JANOWICH, VINCENT R. NAME STREET ADDRESS STREET ADDRESS 210 BRUCE COURT CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050. ☐ Addition ☐ Change ☐ Delete TITLE NAME JANOWICH, JOAN NAME STREET ADDRESS STREET ADDRESS 210 BRUCE COURT CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 divistee 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.