

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90092 040 ***150.00

DOCUMENT # P31293

1. Entity Name
V.R. JANOWICH & CO., INC.

Principal Place of Business

Mailing Address

**210 BRUCE COURT
 MARATHON FL 33050
 US**

**PO BOX 500203
 MARATHON FL 33050
 US**

00036411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1427 SW 49 ST

1427 SW 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number **34-1322647**

Applied For
 Not Applicable

Zip
33914

Country
LEE

Zip
33914

Country
LEE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JANOWICH, VINCENT R
 210 BRUCE COURT
 MARATHON FL 33050**

Name **VINCENT R JANOWICH**
 Street Address (P.O. Box Number is Not Acceptable)
1427 SW 49 ST
 City **CAPE CORAL** FL Zip Code **33914**

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 *Vincent R Janowich*
 Signature, typed or printed name of registered agent and fee, if applicable.

02-26-01
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **PST** Delete
 NAME **JANOWICH, VINCENT R.**
 STREET ADDRESS **210 BRUCE COURT**
 CITY-ST-ZIP **MARATHON FL 33050** (ADDRESS CHG)

TITLE **PST** Change Addition
 NAME **JANOWICH, VINCENT R**
 STREET ADDRESS **1427 SW 49 ST**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** Delete
 NAME **JANOWICH, VINCENT R.**
 STREET ADDRESS **210 BRUCE COURT**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **D** Change Addition
 NAME **JANOWICH, VINCENT R.**
 STREET ADDRESS **1427 SW 49 ST**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VPD** Delete
 NAME **JANOWICH, JOAN**
 STREET ADDRESS **210 BRUCE COURT**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **VPDS** Change Addition
 NAME **JANOWICH, JOAN**
 STREET ADDRESS **1427 SW 49 ST**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Vincent R Janowich Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01 94-540-2655
 Date Daytime Phone #

CR2E034 (10/00)