## 2003 FOR PROFIT CORPORATION

Mailing Address 1427 ŠW 49TH STREET

US

CAPE CORAL FL 33914

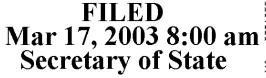
## **UNIFORM BUSINESS REPORT (UBR)** P31293 DOCUMENT #

V.R. JANOWICH & CO., INC.

Principal Place of Business

1427 SW 49TH STREET

CAPE CORAL FL 33914



03-17-2003 91030 010 ***

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 34-1322647 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANOWICH, VINCENT R Street Address (P.O. Box Number is Not Acceptable) 1427 SW 49TH STREET CAPE CORAL FL 33914 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. 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 \$5.00 May Be 9. Election Campaign Financing Mark After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change [ ] Addition TITLE ☐ Delete TITLE Janowich, Vincent R. NAME NAME 1427 SW 49TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE JANOWICH, VINCENT R. NAME NAME 1427 SW 49TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition **VPDS** Delete Delete TITLE TITLE JANOWICH, JOAN ----NAME NAME STREET ADDRESS 1427 SW 49TH STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei-changed, or on an attachmen

**SIGNATURE:** 

ENT & MNOVICE