2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90009 033 ***158.75

DOCUMENT # P97000083915

1. Entity Name
JAN GREGORY - P.A.

Principal Place of Business	Mailing Address
616 N RIVERSIDE DRIVE EDGEWATER FL 32132	616 N RIVERSIDE DRIVE EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4631 S. ATLANTIC AVE.		4631 S. ATLANTIC AVE.	
Suite, Apt. #, etc. #8204		Suite, Apt. #, etc. #8204	
City & State PONCE INLET		City & State PONCE INLET	
Zip 32127	Country VOLUSIA	Zip 32127	Country VOLUSIA

4. FEI Number 59-3469552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, JANET
616 N RIVERSIDE DRIVE
EDGEWATER FL 32132

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 Janet Gregory
Signature, typed or printed name of registered agent and title if applicable. (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, JANET 616 N RIVERSIDE DRIVE EDGEWATER FL 32132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, JANET 4631 S. ATLANTIC AVE. #8204 PONCE INLET, FL. 32127 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Janet Gregory JANET GREGORY 2/21/2001 (904)322-3204 (904)235-4519 cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #