

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90029 010 ***150.00

DOCUMENT # 254801

1. Entity Name

JANMAR CORPORATION.

Principal Place of Business

**4649 PONCE DE LEON BLVD
 SUITE 403
 CORAL GABLES FL 33146
 US**

Mailing Address

**4649 PONCE DE LEON BLVD
 #403
 CORAL GABLES FL 33146
 US**

2. Principal Place of Business

1001 NORTH US 1

3. Mailing Address

1001 NORTH US 1

Suite, Apt. #, etc.

510

Suite, Apt. #, etc.

510

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33477

Country

MARTIN

Zip

33477

Country

MARTIN

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0994423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAWLS, B. D.

**4649 PONCE DE LEON BLVD
 #403.
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

FREDERICK R. RILEY

Street Address (P.O. Box Number is Not Acceptable)

1001 NORTH US 1

SUITE 510

City

JUPITER

FL

Zip Code
33477

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

Frederick R. Riley

FREDERICK R. RILEY

4/18/02

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, 2002 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **RILEY, JANET FIELD**
 CITY-ST-ZIP **524 SABLE OAK LANE
 VERO BEACH FL**

TITLE ☐ Delete
 NAME **DVS**
 STREET ADDRESS **FITE, MARTHA FIELD**
 CITY-ST-ZIP **560 SABLE OAK LANE
 VERO BEACH FL**

TITLE ☒ Delete
 NAME **V**
 STREET ADDRESS **RAWLS, B. D.**
 CITY-ST-ZIP **4649 PONCE DE LEON BLVD
 CORAL GABLES FL**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FITE, MARTHA FIELD**
 CITY-ST-ZIP **560 SABLE OAK LANE
 VERO BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VICE-PRESIDENT**
 STREET ADDRESS **H. WADE RILEY, III**
 CITY-ST-ZIP **1001 NORTH US 1, SUITE 510
 JUPITER, FL 33477**

TITLE ☐ Change ☒ Addition
 NAME **VICE-PRESIDENT**
 STREET ADDRESS **FREDERICK R. RILEY**
 CITY-ST-ZIP **1001 NORTH US 1, SUITE 510
 JUPITER, FL 33477**

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:

H. Wade Riley, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Wade Riley, III Vice-President

4-18-2002 561-747-4477

Date

Daytime Phone #

CR2E034 (9/01)