

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90477 043 ***150.00

0398466 FP

DOCUMENT # 464399

1. Entity Name
JANET, INC.



Principal Place of Business
3830 SR 674
106
RUSKIN FL 33570
US

Mailing Address
3830 SR. 674
106
RUSKIN FL 33573
US

60023077



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1560621** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BANK, MARTIN
2010 EAST VIEW DR.
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name **MARTIN BANK**

Street Address (P.O. Bpx Number is Not Acceptable)
6202 KINGBIRD MANOR DR.

City **LITHIA** FL Zip Code **33547**

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 *Martin Bank*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BANK, MARTIN	
STREET ADDRESS	2010 EAST VIEW DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	V	<input type="checkbox"/> Delete
NAME	BANK, JANET	
STREET ADDRESS	2010 EAST VIEW DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN BANK	
STREET ADDRESS	6202 KINGBIRD MANOR DR.	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET BANK	
STREET ADDRESS	6202 KINGBIRD MANOR DR.	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Bank* RECOMMENDED **MARTIN BANK** 4/22/03 819 634-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)