

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000805

1. Entity Name

JANWILL GROUP, LTD.

Principal Place of Business

16870 SILVER OAK CIRCLE
DELRAY BEACH FL 33445

Mailing Address

16870 SILVER OAK CIRCLE
DELRAY BEACH FL 33445

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0923715

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HCRM CORP.

2200 CORPORATE BLVD. N.W., SUITE 401
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000045830
NAME JANWILL, INC.
STREET ADDRESS 16870 SILVER OAK CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

STREET ADDRESS

CITY-ST-ZIP

4000004789484--1

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

William J. Breen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/10/02

561-499-7223

CR2E003 (9/01)