

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90001 042 ***150.00

DOCUMENT # F49667

1. Entity Name
JANSING, INC.



Principal Place of Business
**9054 GLADES RD.
BOCA RATON FL 33434**

Mailing Address
**9054 GLADES RD.
BOCA RATON FL 33434
US**



2. Principal Place of Business
9054 Glades Road
Suite, Apt. #, etc.

3. Mailing Address
9054 Glades Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL
Zip
33434
Country
USA

City & State
BOCA RATON FL
Zip
33434
Country
USA

4. FEI Number **59-2135712**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGER, HAROLD
5881 COLQNY COURT
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harold Singer* *Harold SINGER* *1/3/03*
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SINGER, HAROLD	
STREET ADDRESS	5881 COLONY COURS	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGER, AUDREE	
STREET ADDRESS	5881 COLONY CT	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	V	<input type="checkbox"/> Delete
NAME	SINGER, MICHAEL	
STREET ADDRESS	529 W. 42ND ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	SINGER, DAVID	
STREET ADDRESS	1021 RIVER DRIVE	
CITY-ST-ZIP	MOOREHEAD MN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SINGER-MARX, LAURIE	
STREET ADDRESS	1988 AUDUBON DRIVE	
CITY-ST-ZIP	DRESHER PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGER, JANE	
STREET ADDRESS	2717 GIRARD AVE SO	
CITY-ST-ZIP	MINNEAPOLIS MN 55408	

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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singer Michael
STREET ADDRESS	5366 MONTROSE
CITY-ST-ZIP	DALLAS TX 75209
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singer David
STREET ADDRESS	6628 OLIVER AVE SOUTH
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singer MARX LAURIE
STREET ADDRESS	215 LE PONT CIR
CITY-ST-ZIP	BLUE BELL PA 19422
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Singer JANE
STREET ADDRESS	3718 BRYANT AVE S #203
CITY-ST-ZIP	MINNEAPOLIS MINN 55409

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:

Harold SINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 3 2003 *581 482 7688*
Date Daytime Phone #

CR2E034 (10/02)