

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F89712

1. Entity Name

JANRELL ENTERPRISES, INC.

Principal Place of Business

12444 BACCHUS ROAD  
PORT CHARLOTTE FL 33981

Mailing Address

12444 BACCHUS ROAD  
PORT CHARLOTTE FL 33981-1507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

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

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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

(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, 2000 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	PDC	<input type="checkbox"/> Delete
NAME	JOHNSON, RALPH T	
STREET ADDRESS	12444 BACCHUS ROAD	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JOHNSON, JANIE L	
STREET ADDRESS	12444 BACCHUS ROAD	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, ELIZABETH L.	
STREET ADDRESS	12444 BACCHUS ROAD	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, JANELLE L.	
STREET ADDRESS	12444 BACCHUS ROAD	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, JACQUELINE A.	
STREET ADDRESS	12444 BACCHUS ROAD	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOLIN, JULIE E	
STREET ADDRESS	12444 BACCHUS ROAD	
CITY-ST-ZIP	PORT CHARLOTTE FL	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 life empowered.

SIGNATURE:

*Ralph T. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RALPH T. JOHNSON

February 1, 2000

(941) 697-0246

Date

Daytime Phone #

CR2E034 (9/99)