

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91133 010 \*\*\*158.75

**DOCUMENT # F99000004465**

1. Entity Name  
**JANSSEN INC.**

Principal Place of Business  
**8016 BOWDENDALE AVENUE SUITE B**  
**STE B**  
**JACKSONVILLE FL 32216**

Mailing Address  
**7500 CENTURION PKWY**  
**STE 100**  
**JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6018 Bowendale Avenue**  
 Suite, Apt. #, etc.  
**B**

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

City & State

City & State

4. FEI Number **22-3665345**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 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.

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, 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 **VT** ☒ Delete  
 NAME **MEEK, G R**  
 STREET ADDRESS **4500 SALISBURY ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **S** ☐ Delete  
 NAME **HARRIS, K R**  
 STREET ADDRESS **7500 CENTURION PARKWAY STE.100**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition  
 NAME **Faith Adey**  
 STREET ADDRESS **7500 Centurion Pkwy.**  
 CITY-ST-ZIP **STE 100 Jacksonville, FL 32256**

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

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

**RICHARD H. REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 904-443-3500

Date

Daytime Phone #

CR2E034 (9/01)

APR 26 '02 17:05 FR GENERAL LAW DEPT

TO 919049285403

P.03/14

**Board of Directors**

# F9900000 4465

<u>Last Name</u>	<u>First</u>	<u>MI</u>	<u>Date Elected</u>	<u>Status</u>	<u>Date Withdrawn</u>
<u>Janssen Inc.</u>					
Adee	F		02/01/2002	Active	

## Officers

# F99000004465

<u>Last Name</u>	<u>First</u>	<u>MI</u>	<u>Title</u>	<u>Date Elected</u>	<u>Status</u>	<u>Date Withdrawn</u>
<u>Janssen Inc.</u>						
Harris	K	R	Assistant Treasurer	11/16/2000	Active	
Harris	K	R	Secretary	11/16/2000	Active	