

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90003 029 ***150.00

DOCUMENT # G20773

1. Entity Name

JANTO DEVELOPMENT CORP.

Principal Place of Business

1515 RINGLING BLVD. SUITE 890
SARASOTA FL 34236
US

Mailing Address

1515 RINGLING BLVD. SUITE 890
STE 890
SARASOTA FL 34236
US

2. Principal Place of Business

1515 RINGLING BLVD

Suite, Apt. #, etc.

SUITE 890

City & State

3. Mailing Address

1515 RINGLING BLVD

Suite, Apt. #, etc.

SUITE 890 % GEIMER

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2271587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHEALY, THOMAS G.
1515 RINGLING BLVD 890
C/O LARRY GEIMER C.P.A
SARASOTA FL 34236

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **WHEALY, THOMAS G.**
 CITY-ST-ZIP **1515 RINGLING BLVD, SUITE 890**
SARASOTA FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 (941)-951-2004

Date

Daytime Phone #

CR2E034 (9/01)