

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90081 016 ***150.00

DOCUMENT # G47956

1. Entity Name

JANUS MEDICAL, INC.

Principal Place of Business

Mailing Address

4634 LONGFELLOW AVE
TAMPA FL 33629
US

4634 LONGFELLOW AVE
TAMPA FL 33629-7625
US

B0015385

2. Principal Place of Business

3. Mailing Address

8435 4th St. North

8435 4th St. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite J

Suite J

City & State

City & State

St. Petersburg, Fl.

St. Petersburg, Fl.

Zip

Country

Zip

Country

33702

USA

33702

U.S.A

4. FEI Number 59-2325238

Applied F
Not App

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

BAUMANN, PHILLIP A.
100 NO TAMPA STR
STE 1900
TAMPA FL 33602

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
Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS WATERS, CHIP
CITY-ST-ZIP 4634 LONGFELLOW AVE.
TAMPA FL

☐ Delete

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-02-2000

813-831-17