

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90110 004 ***150.00

DOCUMENT # G76271

1. Entity Name

AL-JAN'S, INC.

Principal Place of Business

Mailing Address

% ~~JANICE E. BROWN~~ **JAMIE A. EVANS** 6656 CORTEZ RD W
~~7620 9TH AVE DR NW~~ BRADENTON FL 34210-2600
~~BRADENTON FL 34210~~ US
 US - **SAME AS MAILING ADDRESS**

2. Principal Place of Business

3. Mailing Address

6656 CORTEZ RD W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

4. FEI Number

59-2350430

Applied For

Not Applicable

Zip

Country

34210

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BROWN, JANICE E.~~

~~7620 9TH AVE DR NW~~ **300 60TH ST W**
~~BRADENTON FL 33529~~ **34209**

Name

JAMIE A. EVANS

Street Address (P.O. Box Number is Not Acceptable)

300 60TH ST W

BRADENTON

City

FL

Zip Code **34209**

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

Jamie A. Evans

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 **P** Delete
 NAME ~~BROWN, JANICE E.~~
 STREET ADDRESS ~~7620 9TH AVE DR NW~~
 CITY-ST-ZIP ~~BRADENTON FL~~

TITLE **President** Change Addition
 NAME **JAMIE A. EVANS**
 STREET ADDRESS **300 60TH ST W**
 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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:

Jamie A. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

Daytime Phone #

CR2E034 (9/99)