2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # J34935** 1. Entity Name JANCAR DEVELOPMENT, INC. 04-21-2000 90178 030 \*\*\*158.75 Principal Place of Business Mailing Address 450 NORTHMOON AVE N 450 NORTHMOON AVE N ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 6.42131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2775559 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \*\*\*\* Name LASPADA, ANTHONY J. Street Address (P.O. Box Number is Not Acceptable) 1802 N. MORGAN STREET TAMPA FL 33602 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change DENNIE. JANET NAME NAME STREET ADDRESS STREET ADDRESS 450 NORTHMOOR AVE. N. CITY-ST-7IP CITY-ST-7IP ST. PETERSBURG FL 33702 TITLE ☐ Delete Change ☐ Addition TITLE DENNIE, MORGAN NAME NAME STREET ADDRESS STREET ADDRESS 450 NORTHMOOR AVE. N. CITY-ST-ZIP ST. PETERSBURG FL Change TITLE ☐ Delete ☐ Addition DENNIE ADAM P NAME 2843 29th Aven St Patersburg Pl STREET ADDRESS STREET ADDRESS 450 NORTHMOOR AVE. N. CITY-ST-ZIF ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-711 TITLE ☐ Delete TIT! E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Hereby certify that the information supplied with this filling 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: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10 2000 (727) 822-2381