

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90325 005 ***150.00

DOCUMENT # J64198

1. Entity Name
ROBERT A. JANUS COMMERCIAL CONTRACTORS, INC.

Principal Place of Business

**9705 WATERS MEET DRIVE
TALLAHASSEE FL 32312**

Mailing Address

**9705 WATERS MEET DRIVE
TALLAHASSEE FL 32312**

2. Principal Place of Business

9718 WATERS MEET DR.

Suite, Apt. #, etc.

3. Mailing Address

9718 WATERS MEET DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

4. FEI Number

59-2791338

Applied For

Not Applicable

Zip

32312

Country

Zip

32312

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARFEL, TIMOTHY J.
215 SOUTH MONROE STREET, SUITE 701
FIRST FLORIDA BANK BLDG.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name: **WARFEL, TIMOTHY J.**
Street Address (P.O. Box Number is Not Acceptable)
2015 CENTRE POINTE BLVD.
City **TALLAHASSEE** FL Zip Code **32308**

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANUS, ROBERT A.	NAME	
STREET ADDRESS	9705 WATERS MEET DRIVE	STREET ADDRESS	9718 WATERS MEET DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANUS, ROSE	NAME	
STREET ADDRESS	9705 WATERS MEET DRIVE	STREET ADDRESS	9718 WATERS MEET DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Robert A. Janus* **ROBERT A. JANUS** **MEET. 4/15/02** **850 6682623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)