

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51835

1. Entity Name

JANUS ASSOCIATES, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90006 048 \*\*\*150.00

Principal Place of Business

Mailing Address

1010 SUMMER ST  
 STAMFORD CT 06905  
 US

1010 SUMMER ST  
 STAMFORD CT 06905-5531  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2926886

Applied For

Not Applicable

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

BYRNE, JOHN  
 13942 LAKE POINT DR.  
 MICHIANA CO., INC.  
 CLEARWATER FL 34222

Name: **BYRNE, JOHN B**

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

**2881 LA CONCHA**

City **CLEARWATER**

**FL**

Zip Code  
**33762**

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 NO CHANGE IN AGENT — JUST ADDRESS

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 ☐ Delete  
 NAME CPDT  
 STREET ADDRESS FISHER, PATRICIA  
 CITY-ST-ZIP 37 STAMFORD AVE.  
 STAMFORD CT 06902

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

TITLE ☐ Delete  
 NAME DS  
 STREET ADDRESS BYRNE, JOHN  
 CITY-ST-ZIP 13942 LAKE POINTE DR  
 CLEARWATER FL 34622

TITLE ☒ Change ☐ Addition  
 NAME DS  
 STREET ADDRESS BYRNE, JOHN  
 CITY-ST-ZIP 2881 LA CONCHA  
 CLEARWATER, FL 33762

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS CORBETT, MICHAEL  
 CITY-ST-ZIP 18 MOLLY'S WAY  
 POUGHKEEPSIE NY 12601

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICIA A. P. FISHER,**  
**PRESIDENT**

04/18/00  
 Date

(203) 251-0220  
 Daytime Phone #

CR2E034 (9/99)