

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58889

1. Entity Name

JAN'S HOME CARE, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90495 017 ***150.00

Principal Place of Business

620 EAST NEW YORK AVE
DELAND FL 32724
US

Mailing Address

P.O. BOX 3126
DELAND FL 32721-3126
US

2. Principal Place of Business

620 EAST NEW YORK AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3126
Suite, Apt. #, etc.

City & State

DELAND FLORIDA

City & State

DELAND, FLA

Zip
32724

Country
USA

Zip
32721

Country
USA

4. FEI Number 59-3003281

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

OSTLUND, GRANT
620 EAST NEW YORK AVE
DELAND FL 32724

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

1. Tax filing requirement and elects to do so. ☐
2. (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

TITLE PD
NAME OSTLUND, GRANT
STREET ADDRESS 620 EAST NEW YORK AVE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE D
NAME TUCKER, GEORGE
STREET ADDRESS 823 AVENIDA PALOS VERDES
CITY-ST-ZIP PALM SPRINGS CA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 OF REGISTERED AGENT
GRANT Ostlund

Date

Daytime Phone #

4/15/00 (904) 736-0751

CR2E034 (9/99)