

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90278 042 ***150.00

DOCUMENT # L58889

1. Entity Name
JAN'S HOME CARE, INC.

Principal Place of Business

Mailing Address

**620 EAST NEW YORK AVE
 DELAND FL 32724
 US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

620 EAST New York Ave

P.O. BOX 3126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deland Florida

Deland Fla

4. FEI Number

59-3003281

Applied For

Not Applicable

Zip

Country

Zip

Country

32724 USA

USA

32724

USA

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD OSTLUND, GRANT 620 EAST NEW YORK AVE DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, GEORGE 823 AVENIDA PALOS VERDES PALM SPRINGS CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grant Ostlund
 Date: **04/09/01** (904) 736-0751
 Daytime Phone #

CR2E034 (10/00)