## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED** 

## Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P00000040693 1. Entity Name JAN AUTO, INC. 02-07-2002 90296 011 \*\*\*158.75 Principal Place of Business Mailing Address 3720 OLD WINTER GARDEN ROAD 3720 OLD WINTER GARDEN ROAD ORLANDO FL 32805 ORLANDO FL 32805 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 59-3641108 Not Applicable Zip Country Country Zip- ---\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PODBIELSKI PODBIELSKI, JAN Street Address (P.O. Box Number is Not Acceptable) 195 LAGO VISTA BLVD AGO V151 CASSELBERRY FL 32707 CASSELBERKY 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 J. Podbielski Signature, typed or printed name of registered agent and title it applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE **PSTD** TITLE PSTD Delete Change ☐ Addition CR2E027 (9/01 PODBIELSKI, IRENE J. 195 LAGO VISTA BLUP. NAME PODBIELSKI, JAN NAME STREET ADDRESS 195 LAGO VISTA BLVD STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP CASSELBERRY, FL TITLE ☐ Delete TITLE ☐ 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: LIENCH POUR EINE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Deviling Phone &

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

IN THE CIRCUIT COURT FOR SEMINOL **FLORIDA** PROBATE DIVISION IN RE: ESTATE OF

File No.

JAN PODBIELSKI

Division

Deceased.

## LETTERS OF ADMINISTRATION (single personal representative)

## TO ALL WHOM IT MAY CONCERN:

WHEREAS, JAN PODBIELSKI, a resident of Seminole County, Florida, died on October 22, 2001, owning assets in the State of Florida, and

WHEREAS, IRENE J. PODBIELSKI has been appointed Personal Representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare IRENE J. PODBIELSKI duly qualified under the laws of the State of Florida to act as Personal Representative of the estate of JAN PODBIELSKI, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Ordered on 3

STATE OF FLORIDA SEMINOLE COUNTY

1. THE UNDERSIGNED Clerk of the Circuit Court. Seminole County, Florida DO HEREBY CERTIFY the within and forgoing is a true and currect copy of the original as it appears on record and file in the office of the Clerk of Circuit Court, Probate Div. of Seminale County, Florida.

I further CERTIFY that it appears from the files and records of said Court that said appointment still remains in full force and effect. WITNESS my hand and seal of the Circuit Court at Sanford, Florida, 15 day of Canuay

MARYANNE MORSE

Clerk of Circuit Court

in and for Seminole County, Florida

Circuit Judge

