

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90002 027 \*\*\*150.00

0005923 AV

**DOCUMENT # P00000092285**

**1. Entity Name**  
**JAN HOWARD, INC.**

**Principal Place of Business**

~~2100 ASTOR STREET UNIT 402~~  
~~ORANGE PARK FL 32073~~ 32003  
**1660 WATERS EDGE DR.**

**Mailing Address** **1660 WATERS EDGE DR.**  
~~2100 ASTOR STREET UNIT 402~~  
~~ORANGE PARK FL 32073~~ 32003

**2. Principal Place of Business**

**1660 WATERS EDGE DR.**  
Suite, Apt. #, etc.

**3. Mailing Address**

**1660 WATERS EDGE DR.**  
Suite, Apt. #, etc.

**City & State**

**ORANGE PARK, FL.**

**City & State**

**ORANGE PARK, FL.**

**4. FEI Number**

**59367422 APPLIED FOR**

**Applied For**

**Not Applicable**

**Zip**

**32003**

**Country**

**USA**

**Zip**

**32003**

**Country**

**USA**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOWARD, JAN R**

~~2100 ASTOR STREET UNIT 402~~ **1660 WATERS EDGE DR.**  
~~ORANGE PARK FL 32073~~ 32003

**7. Name and Address of New Registered Agent**

**NAME** **HOWARD JAN R.**

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

**1660 WATERS EDGE DR.**

**City**

**ORANGE PARK**

**FL**

**Zip Code**

**32003**

**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** *Janice R Howard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/8/02**

**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**

**TITLE** **PRES** ☒ Delete  
**NAME** **RYCROFT, JANICE R PRES.** **1660 WATERS EDGE DR.**  
**STREET ADDRESS** **2100 ASTOR STREET, UNIT NO. 402**  
**CITY-ST-ZIP** **ORANGE PARK FL 32073 32003**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PRESIDENT** ☒ Change ☐ Addition  
**NAME** **HOWARD, JANICE R. PRES**  
**STREET ADDRESS** **1660 WATERS EDGE DR.**  
**CITY-ST-ZIP** **ORANGE PARK, FL. 32003**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**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:**

*Janice R Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**4/8/02**

**Daytime Phone #**

**904-264-1425**

CR2E034 (9/01)