

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90115 010 ***150.00

DOCUMENT # P01000079427



1. Entity Name
DR. ERIC JANOWITZ, P.A.

Principal Place of Business
1813 E. BROADWAY
OVIEDO FL 32765

Mailing Address
1813 E. BROADWAY
OVIEDO FL 32765

2. Principal Place of Business
1813 E. Broadway
Suite, Apt. #, etc.

3. Mailing Address
1813 E. Broadway
Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number **59-3735676**

Applied For
Not Applicable

Zip **32765** **Country** **Seminole, US**

Zip **32765** **Country** **Seminole, US**

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

JANOWITZ, ERIC C DR.
1813 E. BROADWAY
OVIEDO FL 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Eric Janowitz**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/27/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **JANOWITZ, ERIC D.C.**
STREET ADDRESS **1813 E BROADWAY**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE **PVTS** ☐ **Delete**
NAME **JANOWITZ, ERIC**
STREET ADDRESS **1813 E BROADWAY**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Eric Janowitz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/03 (407) 359-2757

CR2E034 (10/02)