

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2003 8:00 am**  
**Secretary of State**

07-02-2003 90009 002 \*\*\*150.00

**DOCUMENT# P01000114731**

1. Entity Name

**JANIO WOODWORK, INC.**

Principal Place of Business	Mailing Address
<b>6800 NW 39TH AVE LOT 341</b>	<b>6800 NW 39TH AVE LOT 341</b>
<b>COCONUT CREEK, FL 33073</b>	<b>COCONUT CREEK, FL 33073</b>

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

**01-0615029**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

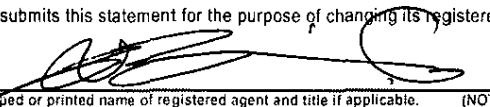
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DASILVA, JOZINO A**  
**6800 NW 39TH AVE LOT 341**  
**COCONUT CREEK, FL 33073**

Name **TAX HOUSE CORPORATION**  
 Street Address (P.O. Box Number is Not Acceptable) **1261 E SAMPLE ROAD**  
 City **POMPAÑO BEACH** **FL** Zip Code **33064**

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  **06/23/03**  
 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, 2003 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	P DASILVA, JOZINO 6800 NW 39TH AVE LOT 341 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DASILVA, MILCA 6800 NW 39TH AVE LOT 341 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  **06/23/03**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #