

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90198 003 ***150.00

DOCUMENT # P02000030804



1. Entity Name
JANSSON CUSTOM STAIRS, INC.

Principal Place of Business
4832 ABADAN ST
N PORT FL 34287

Mailing Address
4832 ABADAN ST
N PORT FL 34287



2. Principal Place of Business

3. Mailing Address
5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE I

CHECK HERE IF MAKING CHANGES

City & State

City & State
SARASOTA FL

4. FEI Number

020-0002882

Applied For
Not Applicable

Zip

Country

Zip
34231

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASTRONSKAS, CATHERINE L CPA-PA
5900 S TAMiami TR ST 1
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name CATHERINE L. TRACY
Street Address (P.O. Box Number is Not Acceptable) 5900 S. TAMiami TRAIL
SUITE I
City Sarasota **FL** **Zip Code** 34231

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 *Catherine L. Tracy*
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(Type: Registered Agent signature required when reinstating)

4-11-03
DATE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D/P/ST	JANSSON, CHRISTOPHER C	4832 ABADAN ST	N. PORT FL 34287	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D/P/ST	JANSSON, CHRISTOPHER C.	4832 ABADAN ST.	NORTH PORT, FL 34287	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* CHRISTOPHER C. JANSSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03
Date Daytime Phone #

CR2E034 (10/02)