

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-02-2003 90097 039 \*\*\*150.00

**DOCUMENT # P02000068342**

**1. Entity Name**  
**LAW OFFICE OF JANET LANGJAHR P.A.**



**Principal Place of Business**  
**7300 W. CAMINO REAL, SUITE 221**  
**BOCA RATON FL 33433**

**Mailing Address**  
**7300 W. CAMINO REAL, SUITE 221**  
**BOCA RATON FL 33433**



**2. Principal Place of Business**  
**7300 W. Camino Real**

**Suite, Apt. #, etc.**  
**Suite 221**

**City & State**  
**Boca Raton, FL**

**Zip**  
**33433**

**Country**  
**USA**

**3. Mailing Address**  
**7300 W. Camino Real**

**Suite, Apt. #, etc.**  
**Suite 221**

**City & State**  
**Boca Raton, FL**

**Zip**  
**33433**

**Country**  
**USA**

☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number**  
**02-0623956**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

**LANGJAHR, JANET**  
**7300 W. CAMINO REAL, SUITE 221**  
**BOCA RATON FL 33433**

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

**Name** **Janet Langjahr**  
**Street Address (P.O. Box Number is Not Acceptable)** **7300 W. Camino Real**  
**Suite 221**  
**City** **Boca Raton, FL** **Zip Code** **33433**

**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** *Janet Langjahr, President & Director* **3/30/03**  
Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent's signature required when changing) **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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

|                       |                                       |                                        |
|-----------------------|---------------------------------------|----------------------------------------|
| <b>TITLE</b>          | <b>CD</b>                             | <input type="checkbox"/> <b>Delete</b> |
| <b>NAME</b>           | <b>LANGJAHR, JANET</b>                |                                        |
| <b>STREET ADDRESS</b> | <b>7300 W. CAMINO REAL, SUITE 221</b> |                                        |
| <b>CITY-ST-ZIP</b>    | <b>BOCA RATON FL 33433</b>            |                                        |
| <b>TITLE</b>          |                                       | <input type="checkbox"/> <b>Delete</b> |
| <b>NAME</b>           |                                       |                                        |
| <b>STREET ADDRESS</b> |                                       |                                        |
| <b>CITY-ST-ZIP</b>    |                                       |                                        |
| <b>TITLE</b>          |                                       | <input type="checkbox"/> <b>Delete</b> |
| <b>NAME</b>           |                                       |                                        |
| <b>STREET ADDRESS</b> |                                       |                                        |
| <b>CITY-ST-ZIP</b>    |                                       |                                        |
| <b>TITLE</b>          |                                       | <input type="checkbox"/> <b>Delete</b> |
| <b>NAME</b>           |                                       |                                        |
| <b>STREET ADDRESS</b> |                                       |                                        |
| <b>CITY-ST-ZIP</b>    |                                       |                                        |
| <b>TITLE</b>          |                                       | <input type="checkbox"/> <b>Delete</b> |
| <b>NAME</b>           |                                       |                                        |
| <b>STREET ADDRESS</b> |                                       |                                        |
| <b>CITY-ST-ZIP</b>    |                                       |                                        |

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

|                       |                                                                                 |
|-----------------------|---------------------------------------------------------------------------------|
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |

**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:** *Janet Langjahr, President* **3/30/03** **561-750-1401**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)