

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90124 001 ***150.00

DOCUMENT # P02000068998

1. Entity Name

JAN VYSTEJN INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
903 PADDOCK CLUB DRIVE

Suite, Apt. #, etc.

3. Mailing Address
903 PADDOCK CLUB DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY, FL

City & State
PANAMA CITY, FL

4. FEI Number
14-1838984

Applied For
Not Applicable

Zip
32407

Country
BAY

Zip
32407

Country
BAY

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JAN VYSTEJN

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

903 PADDOCK CLUB DRIVE

City PANAMA CITY

FL

Zip Code
32407

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
JAN VYSTEJN
903 PADDOCK CLUB DRIVE, FL 32407

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)