

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27880

1. Entity Name

JAN-KING OF FLORIDA, INC.

Principal Place of Business

Mailing Address

16885 DALLAS PARKWAY  
ADDISON TX 75001  
US

16885 DALLAS PARKWAY  
ADDISON TX 75001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2553896

Applied For  
Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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, 2001 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

TITLE	VCSD	<input type="checkbox"/> Delete
NAME	CAVANAUGH, JIM	
STREET ADDRESS	16885 DALLAS PARKWAY	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VICARI, DENISE	
STREET ADDRESS	16885 DALLAS PARKWAY	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAVANAUGH, JAMES SR	
STREET ADDRESS	16885 DALLAS PARKWAY	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, GARRY	
STREET ADDRESS	16885 DALLAS PARKWAY	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Crawford	
STREET ADDRESS	16885 Dallas Parkway	
CITY-ST-ZIP	Addison, Texas 75001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90078 001 \*\*\*750.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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