

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31293

1. Entity Name  
V.R. JANOWICH & CO., INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90092 040 \*\*\*150.00

Principal Place of Business

Mailing Address

210 BRUCE COURT  
MARATHON FL 33050  
US

PO BOX 500203  
MARATHON FL 33050  
US

00036411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1427 SW 49 ST

1427 SW 49 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number 34-1322647

Applied For

Not Applicable

Zip

Country

33914

LEE

Zip

Country

33914

LEE

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

JANOWICH, VINCENT R  
210 BRUCE COURT  
MARATHON FL 33050

Name

VINCENT R JANOWICH

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

1427 SW 49 ST

City

CAPE CORAL

FL

Zip Code

33914

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

*Vincent R Janowich*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	JANOWICH, VINCENT R.	
STREET ADDRESS	210 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	(ADDRESS CHG)
TITLE	D	<input type="checkbox"/> Delete
NAME	JANOWICH, VINCENT R.	
STREET ADDRESS	210 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JANOWICH, JOAN	
STREET ADDRESS	210 BRUCE COURT	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOWICH, VINCENT R	
STREET ADDRESS	1427 SW 49 ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOWICH, VINCENT R.	
STREET ADDRESS	1427 SW 49 ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOWICH, JOAN	
STREET ADDRESS	1427 SW 49 ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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:

*Vincent R Janowich Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01 94-540-2655

Date Daytime Phone #

CR2E034 (10/00)