

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014257

1. Entity Name

WE CAN DO INC.

Principal Place of Business

RT. 7, BOX 858E
TALLAHASSEE FL 32308

Mailing Address

RT. 7, BOX 858E
TALLAHASSEE FL 32308

2. Principal Place of Business

6275 Juniper Creek Rd

Suite, Apt. #, etc.

3. Mailing Address

1978 TWO HORSE TRAIL

Suite, Apt. #, etc.

City & State

Quincy Fla.

City & State

TALL. Fla.

Zip

32351

Country

Gadsden

Zip

32308

Country

LEON

4. FEI Number

59-3226665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURJANIC, DENNIS W
1978 TWO HORSE TR.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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

Dennis Furjanic DENNIS FURJANIC

3-16-01

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 PTD
NAME FURJANIC, DENNIS W
STREET ADDRESS RT. 7, BOX 858E
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE VSD
NAME FURJANIC, STELLA N
STREET ADDRESS 1978 TWO HORSE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE VPD
NAME ALLEN, RICHARD A
STREET ADDRESS 2801 REE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Dennis Furjanic DENNIS FURJANIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

850-877-3680

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90041 049 ***150.00

955001



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)