2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P94000055769** 1. Entity Name JAN'S PRIVATE COLLECTIONS, INC. 4-25-2001 90089 009 ***150.00 Principal Place of Business Mailing Address 1070 SINGER DR 1070 SINGER DR RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 644242 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0513026 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRANICH, JANET T Street Address (P.O. Box Number is Not Acceptable) 1070 SINGER DR RIVIERA BEACH FL 33404 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **DPS** TITLE Addition ☐ Delete TITLE NAME NAME KRANICH, JANET T STREET ADDRESS STREET ADDRESS 1070 SINGER DR CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Addition TITLE ☐ Delete NAME KRANICH, ROGER E NAME STREET ADDRESS STREET ADDRESS 1070 SINGER DR CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITL F Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ANGT. KRANICH 4/19/01 SCISUS 360

CR2E034 (10/00