## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

04-16-2003 90230 012 \*\*\*150.00

FILED

Apr 16, 2003 8:00 am Secretary of State

P94000055769 DOCUMENT # 1. Entity Name JAN'S PRIVATE COLLECTIONS, INC.

Mailing Address Principal Place of Business 1070 SINGER DR 1070 SINGER DR RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 6. Name and Address of Current Registered Agent

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0513026

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

KRANICH, JANET T 1070 SINGER DR **RIVIERA BEACH FL 33404** 

7. Name and Address of New Registered Agent		
Name		
1		
Street Address (P.O. Box Number is Not Acceptable)		
City FL	Zip Code	

Name and Address of New Posistered Agest

. 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.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **DPS** ■ Addition TITLE . ☐ Delete TITLE Change KRANICH, JANET T NAME . NAME 1070 SINGER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RIVIERA BEACH FL 33404** CITY-ST-ZIP TITLE DT Delete ☐ Change ☐ Addition NAME ... KRANICH, ROGER E NAME STREET ADDRESS 1070 SINGER DR STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME

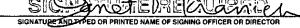
STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP



<sup>12.</sup> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.