

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083456

1. Entity Name
LEE M. JANZEN, INC.

Principal Place of Business

6108 DARTMOOR CT 9088 Point Cypress Dr
ORLANDO FL 32819 Orlando, FL 32836
US

Mailing Address

7512 DR PHILLIPS BLVD
%ROBIN O'DONNELL
ORLANDO FL 32819-5100
US

2. Principal Place of Business

9088 Point Cypress Drive
Suite 50 PMB 9016
City & State
Orlando, FL

3. Mailing Address

7512 Dr. Phillips Blvd.
Suite 50 PMB 9016

Zip 32836

Country USA

Zip 32819

Country USA

4. FEI Number

59-3340816

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANOR, TIMOTHY J
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Name

John F. Wendel

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

5300 South Florida Ave

City

Lakeland

FL

Zip Code 33813

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, 2002 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 D
NAME JANZEN, LEE M
STREET ADDRESS 7512 DR PHILLIPS BLVD, 50-906
CITY-ST-ZIP ORLANDO FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
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Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02 4078761128

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)