

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90030 050 \*\*\*150.00

**DOCUMENT # P95000083456**

1. Entity Name  
**LEE M. JANZEN, INC.**

Principal Place of Business

~~6100 DARTMOOR CT~~ **9088 Point Cypress Dr**  
**ORLANDO FL 32819**  
**US**

Mailing Address

**7512 DR PHILLIPS BLVD**  
~~%ROBIN O'BONNELL~~  
**ORLANDO FL 32819-5100**  
**US**

2. Principal Place of Business

**9088 Point Cypress Dr**

3. Mailing Address

**7512 Dr. Phillips Blvd.**

Suite

Suite, Apt. #, etc.

City & State

City & State

**Orlando, FL**

**Orlando, FL**

Zip Country

Zip Country

**32836 USA**

**32819 USA**

6. Name and Address of Current Registered Agent

**MANOR, TIMOTHY J**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/02 4078761128**

Date

Daytime Phone #

CR2E034 (9/01)