

2000 UNIFORM BUSINESS REPORT (UBR)

4/23/00

FILED

00 APR 23 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000087818

1. Entity Name

LAN-JEN, INC.

Principal Place of Business

Mailing Address

2421 SW RACQUET CLUB DR
PALM CITY, FL. 34990

2. Principal Place of Business

3. Mailing Address

2421 SW RACQUET CLUB DR.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM CITY, FL.

Zip

Country

Zip

Country

34990

USA

DO NOT WRITE IN THIS SPACE

4/23/00

90017/047

\$150.00

4. FEI Number

65-0682710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HARVIN, WESLEY R.
900 E. OCEAN AVE, SUITE 210-B
STUART, FL 34996

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, 2000 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

PRESIDENT
MARILYN P. MONK
2421 SW RACQUET CLUB DR
PALM CITY, FL 34990

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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.

MARILYN P. MONK

SIGNATURE:

MARILYN P. MONK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2000

Date

(561)220-7810

Daytime Phone #

CR2E034 (9/99)

4/29