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Secretary of State  JANZEN ENTERPRISES, INC.  Making Address 712 OR PHILLIPS BUILD SUITE SOUGHAPO SUITE OF PHIL OR PHILLIPS BUILD SUITE OF PHI	2002 UNIFORM BUSINESS REPORT (UBR)					FILED 1 14 2002 9:00 cm			
1. Entry Name   JANZEN ENTERPRISES, INC.   01-14-2002 90057 005 ***   50.00	DOCU	DOCUMENT # P95000091006				Jan 14, 2002 8:00 am			
Principal Place of Business	1. Entity Name				İ	•			
TRIS DR. PHILLIPS BOULEVARD CONTROL OF 1, 2391-35100 US  2 Principal Research (Light Research Control of 1) US  2 Principal Research (Light Research Control of 1) US  3 Maining Address  DO NOT WRITE IN THIS SPACE  State. Apt. 4, etc.  Country  5, Certificate of Status Desired   Readmining of 1 Not Applicated For 1 Not Applicated Application Figure 4 Application For 1 Not Applicated Application Figure 4 Ap	JANZEN	ENTERPRISES, INC.				01-14-2002 9005	/ 005 ***150.00	0	
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ORANDO FL 328195100 US  2		LLIPS BOULEVARD				- (	146 V		
US  2. Principal Page of Business Sinte, Apt. 8, etc.  Suite, Apt. 8, etc.  City & State  Country  5. Contribute of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered diffeor or registered agent, or both, in the State of Fords.  SIGNATURE  Suprana, tiped or prised agent or more the 8 specials  Formation tiped to prised agent or more the 8 specials  Formation tiped to prised agent, or both, in the State of Fords.  SIGNATURE  Suprana, tiped or prised agent, or both, in the State of Fords.  FLE NOW!!! FEE IS \$150.00  Anker May 1, 2002 Fee will be \$550.00  Anker May 1, 2002 F									
3. Mailing Address   Suite, Apt. #, etc.   Do Not Writte in this SPACE   Suite, Apt. #, etc.   Do Not Writte in this SPACE   Suite, Apt. #, etc.   Do Not Writte in this SPACE   Suite, Apt. #, etc.   Do Not Writte in this SPACE   Suite, Apt. #, etc.   A. FEI Number \$9-3349280   Applied For Not Applicable; \$8.75 Additional Fee Required   Fee Required   Seaton	US								
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S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  D. D. Attendance or inspliced signal and she if applicable  FILE NOW!! FEE IS \$150.00  After May 1, 2020 Fee will be \$550.00  Make Check Payable to Department of State  MAKE  STREET ADDRESS  CITY-ST-2P  Delete  MAKE  STREET ADDRESS  CITY-ST-2P  Change  Change  Addition  STREET ADDRESS  CITY-ST-2P  Change  Change  Addition  STREET ADDRESS  CITY-ST-2P  Change  Change  Addition  STREET ADDRESS  CITY-ST-2P  CHANGE  STREET ADDRESS  CITY-ST-2P  CHANGE  STREET ADD	Or To	ando Fl	City & State		4.	FEI Number 59-3349280			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typical or privated name of registered agent and left at logicisable.   (NOTE, Registered Agent signature required when reintating)	1			Street Addr	ess (r.o. c				
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9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY	•								
Tax filing requirement and elects to do so. (See criteria on back)    After May 1, 2002   Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees	SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signature re	equired when r	einstating)	DATE		
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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 afformation, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP