

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031323

1. Entity Name

DONALD M. JANEZIC, INC.

f

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90003 017 ***150.00

Principal Place of Business

1502 SW LEXINGTON DRIVE
PORT ST. LUCIE FL 34953

Mailing Address

1502 SW LEXINGTON DRIVE
PORT ST. LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0652582

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

JANEZIC, DONALD M
1502 SW LEXINGTON DRIVE
PORT ST. LUCIE FL 34953

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	JANEZIC, DONALD M	
STREET ADDRESS	1502 SW LEXINGTON DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Phone #

7-27-00 (561) 340-4495

CR2E034 (5/00)

attachment P96000031323
D0076160

7-28-00

DEAR DIVISION OF CORPORATIONS,

I PROMISE YOU THAT I
NEVER DID RECIEVE THE FIRST MAILING
OF MY U.B.R. I CHECKED WITH
MY ACCOUNTANT, AS I GIVE ALL PAPERS
TO HIM & HE NEVER RECIEVED IT
EITHER.

I CALLED YOUR OFFICE & A
NICE LADY TOLD ME TO WRITE THIS
LETTER & SEND \$150.00.

PLEASE ACCEPT THIS PAYMENT.

THANK-YOU.

Donald M. Janezic

DONALD M. JANEZIC INC.
1502 S.W. LEXINGTON DR.
PSL FL 34953

EIN # 65-0652582