FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P96000069437 JANN ENTERPRISES OF SCC, INC. 5-14-2001 90096 010 \*\*\*150.00 Principal Place of Business Mailing Address 3818 SUN CITY CENTER BLVD 3818 SUN CITY CENTER BLVD RUSKIN FL 33570 RUSKIN FL 33570 972591 LIS 2. Principal Place of Business 3. Mailing Address 801 Cottage Hill war Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3395051 PRANDON Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3*35 / [* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BANK, JANET M Street Address (P.O. Box Number is Not Acceptable) 801 COTTAGE HILL WAY **BRANDON FL 33511** 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is aligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition HALL, REBECCA NAME NAME STREET ADDRESS 12110 CLEARBROOKE CT STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL 33569 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition Bank, Janet M NAME NAME STREET ADDRESS 801 COTTAGE HILL WAY STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition MEADOWS, SHANNON NAME. NAME STREET ADDRESS 4915 REAGAN CIR STREET ADDRESS CITY-ST-7IP SEFFNER FL 33584 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change BANK, MARTIN NAME NAME STREET ADDRESS 801 COTTAGE HILL WAY STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 8/3-634-778
Date Dayline Phone #