2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2000 8:00 am Secretary of State DOCUMENT # **P97000030257** JANELLE ENGINEERING, INC. 03-27-2000 90105 018 ***150.00 Mailing Address Principal Place of Business 128 HERALD COURT 128 HERALD COURT PUNTA GORDA FL 33950-4429 PUNTA GORDA FL 33950 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0745143 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOTITZKY, HAL F Street Address (P.O. Box Number is Not Acceptable) 223 TAYLOR ST. **PUNTA GORDA FL 33950** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Change Addition TITLE ☐ Delete TITLE Janelle, Gerard L. NAME NAME 1200 W. RETTA ESPLANADE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIF Change ☐ Addition VSTD ☐ Delete TITLE TITLE Janelle, annette J. NAME NAME 1200 W. RETTA ESPLANADE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 PUNTA GORDA FL 33950 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 attachm

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

☐ Addition