

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049007

1. Entity Name

JANCORP, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90046 021 ***150.00

Principal Place of Business

Mailing Address

~~5774 DUNBAR CIR~~ 1310 N. Fardon Blvd.
~~MILTON FL 32588~~
Crestview, FL 325036

~~5774 DUNBAR CIR~~
MILTON FL 32583-2854

C0089879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1310 N. Fardon Blvd.

3. Mailing Address

1640 Moonraker Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview FL

City & State

Milton FL

4. FEI Number

59-3516647

Applied For

Not Applicable

Zip

Country

32536

US

Zip

Country

32583

US

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

SMITH, JANETT D
~~612 SOUTH 1ST STREET, UNIT 34~~
PENSACOLA FL 32507

Name

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

1640 Moonraker Dr.

City

Milton

FL

Zip Code

32583

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SMITH, JANETT D
CITY-ST-ZIP ~~5774 DUNBAR CIR~~
MILTON FL 32583

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1640 Moonraker Dr.
CITY-ST-ZIP Milton FL 32583

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

Date

(850)626-7846

Daytime Phone #

CR2E034 (9/99)