

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/1

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90041 045 \*\*\*150.00

**DOCUMENT # P98000089978**

1. Entity Name

**REJUVINAIR FRANCHISING CORPORATION**

Principal Place of Business

Mailing Address

4852 PIMLICO DRIVE  
 TALLAHASSEE FL 32308

4852 PIMLICO DRIVE  
 TALLAHASSEE FL 32308

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 **59-3540234**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, SCOTT P**  
**C/O RUDNICK & WOLFE**  
**101 EAST KENNEDY BLVD., SUITE 2000**  
**TAMPA FL 33602**

Name **Richard J. Namovich**

Street Address (P.O. Box Number is Not Acceptable)  
**4852 PIMLICO DRIVE**

City **Tallahassee** FL Zip Code **32308**

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 Richard J. Namovich Pres/ceo Richard J. Namovich 3/30/2001  
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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	NAMOVICH, BARBARA	
STREET ADDRESS	4852 PIMLICO DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PS	<input type="checkbox"/> Delete
NAME	NAMOVICH, RICHARD	
STREET ADDRESS	4852 PIMLICO DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NAMOVICH, KAREN	
STREET ADDRESS	4852 PIMLICO DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, KAREN	
STREET ADDRESS	6416 MALLARD TRACE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: Richard J. Namovich Richard J. Namovich 3/15/2001 850-894-2203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #