

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091263

1. Entity Name

BARBARA JANICE CONSULTING, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90047 038 ***158.75

Principal Place of Business

Mailing Address

5537 NW 124 AVE
PARKLAND FL 33076
US

5537 NW 124 AVE
PARKLAND FL 33076
US

changed
to ↓

2. Principal Place of Business

5537 NW 124 Avenue

3. Mailing Address

10693 WILKS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #156

City & State

PARKLAND, FL 33076

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0899546

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

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

JANICE, BARBARA
5537 NW 124 AVE
PARKLAND FL 33076-3430

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

March 6, 2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
JANICE, BARBARA
5537 NW 124 AVE
PARKLAND FL 33076-3430

☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:

Barbara Janice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
2/24/00

Date

954-227-1818

Daytime Phone #