## 1/18/00-90066-029-\$155.00-\$155.00 DOCOMENT # PAROOCOAP LOS Apr 19, 2000 8:00 am Secretary of State JANSON CONSULTING CORP. 01-18-2000 90066 029 \*\*\*155.00 Principal Place of Business Mailing Address 225 CORTEZ ROAD 225 CORTEZ ROAD WEST PALM BEACH FL 33405-4105 WEST PALM BEACH FL 33405 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. <u>5 -0896198</u> Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicate Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBEK, SHERYL L ESQ. Street Address (P.O. Box Number is Not Acceptable) 1290 E. OAKLAND PARK BLVD. #101 FT LAUDERDALE FL 33334 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition D TITLE ☐ Change TITLE ☐ Delete ROBINSON, JAN NAME NAME STREET ADDRESS STREET ADDRESS 225 CORTEZ ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Change ☐ Delete TIT1 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change C \*\*\*\*\*

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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

JITLE NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

☐ Delete