

UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90034 011 ***150.00

DOCUMENT # **P98000099257**

1. Entity Name

JANNUS LANDING MANAGEMENT INC.

DO NOT WRITE IN THIS SPACE

851190

2. Principal Place of Business
220 1ST AVENUE N
 Suite, Apt. #, etc.

3. Mailing Address
220 1ST AVENUE N
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3543351

Applied For
 Not Applicable

Zip
33701

Country
USA

Zip
33701

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **SMITH, WALTER E**

Street Address (P.O. Box Number is Not Acceptable)
1301 4TH STREET N

City **ST. PETERSBURG FL** Zip Code **33701**

DO NOT WRITE IN THIS SPACE

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)

X

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **P**
 NAME **PRESIDENT**
 STREET ADDRESS **JOHN CLAUDE BODZIAN**
 CITY - ST - ZIP **215 NINA ST. NE**
ST. PETERSBURG, FL 33704

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

04/29/02 727-896-2276

Date Daytime Phone #

CR2E034B (12/01)