

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90144 030 ***550.00

DOCUMENT # P98000101257

1. Entity Name
JANINE REALTY, INC.



Principal Place of Business
205 51ST STREET NORTH
ST. PETERSBURG FL 33710

Mailing Address
205 51ST STREET NORTH
ST. PETERSBURG FL 33710



2. Principal Place of Business

6819 Circle Creek Dr.
Suite, Apt. #, etc.

3. Mailing Address

6819 Circle Creek Dr.
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Pinellas Park

Zip
33781

Country
FL

City & State
Pinellas Park

Zip
33781

Country
FL

4. FEI Number **59-3547801**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRONK, JANINE
205 51ST STREET NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name **Cronk Janine**
Street Address (P.O. Box Number is Not Acceptable) **6819 Circle Creek Drive**
City **Pinellas Park** **FL** **Zip Code** **33781**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janine Cronk

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONK, JANINE 205 51ST STREET NORTH ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janine Cronk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03

Date

727 544-1069

Daytime Phone #

CR2E034 (4/03)