

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91061 019 \*\*\*150.00

**DOCUMENT # P99000045830**

**1. Entity Name**  
**JANWILL, INC.**



**Principal Place of Business**  
**%HUNT COOK RIGGS MEHER & MILLER P.A.**  
**2200 CORPORATE BLVD., N.W., STE. 401**  
**BOCA RATON FL 33431**

**Mailing Address**  
**%HUNT COOK RIGGS MEHER & MILLER P.A.**  
**2200 CORPORATE BLVD., N.W., STE. 401**  
**BOCA RATON FL 33431**

**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** **65-0923710**

Applied For

Not Applicable

**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**

**HCRM CORP.**  
**2200 CORPORATE BLVD., N.S., STE. 401**  
**BOCA RATON FL 33431**

**Name** **Miller & O'Neill, P.L.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2300 Glades Road, Suite 400 East**  
**City** **Boca Raton** **FL** **Zip Code** **33431**

**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** *James Wheeler, Managing Member*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/10/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ **Delete**  
**NAME:** **GREEN, HERMAN**  
**STREET ADDRESS** **16870 SILVER OAK CIR.** **(deceased)**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33445**

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

**TITLE** **D** ☐ **Delete**  
**NAME** **GREEN, ARONA**  
**STREET ADDRESS** **16870 SILVER OAK CIR.**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33445**

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**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:** *X SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-03**

Date

Daytime Phone #

CR2E034 (10/02)