## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS

## FILED Feb 13, 2001 8:00 am DOCUMENT # P9900068917 **Secretary of State** 1. Entity Name JAN UNDERWOOD, INC. 02-13-2001 90595 031 \*\*\*150.00 Mailing Address Principal Place of Business 7808 41 ST ST E 7808 41ST ST F BRADENTON FL 34202 **CAAVTAVT BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0937957 Not Applicable Country \$8.75 Additional Country Zip Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNDERWOOD, JAN Street Address (P.O. Box Number is Not Acceptable) 7808 41ST STREET WEST EAST **BRADENTON FL 34202** 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 -Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. Change Addition TITLE Delete TITLE UNDERWOOD, JAN NAME 7808 41ST ST E STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34202** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 is execute 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 is execute and 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.

Daytime Phone #