

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076705

1. Entity Name
JANCO ENTERPRISES, INC.

Principal Place of Business
9008 MARLIN ST
CAPE CANAVERAL FL 32920

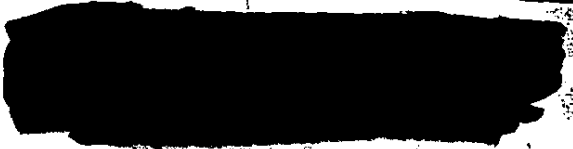
Mailing Address
6320 QUATER HORSE CIR.
COCOA FL 32926

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6320 QUATER HORSE CIR
Suite, Apt. #, etc.

City & State
COCOA, FL

Zip
32926



FILED
01 JUN 26 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3597797** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LE CLAIR, ANN P
6320 QUATER HORSE CIR.
COCOA FL 32926

7. Name and Address of New Registered Agent
Name **JOSEPH W. LECLAIR III**
Street Address (P.O. Box Number is Not Acceptable)
6320 QUATER HORSE CIRCLE
City **COCOA, FL** Zip Code **32926**

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 *Ann Leclair* **Ann Leclair** **JOSEPH W. LECLAIR III**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE **6-20-01** **6-20-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE CLAIR, ANN P 6320 QUATER HORSE CIR. COCOA FL 32926 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPH W. LECLAIR III 6320 QUATER HORSE CIRCLE COCOA, FL 32926 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004462041--6 -07/06/01--01041--012 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE: *Ann Leclair* **Ann Leclair** **JOSEPH W. LECLAIR III**
Signature and typed or printed name of signing officer or director. DATE **6-20-01** **6-20-01** **321-783-9715** **321-783-9715**