

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081446

Entity Name
JANRITT ENTERPRISES TECHNOLOGIES CO. INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90088 013 ***150.00

Principal Place of Business 11 NEAPOLITAN ROAD PUNTA GORDA FL 33983	Mailing Address 1241 NEAPOLITAN ROAD PUNTA GORDA FL 33983-6109
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Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 650951686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
D. Todd McGee
Street Address (P.O. Box Number is Not Acceptable)
2040 Virginia Ave
City
Fort Myers FL Zip Code
33901

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 D. Todd McGee (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE 3/16/2000

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
FILE NAME D NIEKAMP, DONALD S STREET ADDRESS 1241 NEAPOLITAN ROAD CITY-ST-ZIP PUNTA GORDA FL 33983 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME D NIEKAMP, JANET K STREET ADDRESS 1241 NEAPOLITAN ROAD CITY-ST-ZIP PUNTA GORDA FL 33983 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Donald S. Niekamp MAR 14 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)