

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90088 013 ***150.00

DOCUMENT # P99000081446
 Entity Name
JANRITT ENTERPRISES TECHNOLOGIES CO. INC.

Principal Place of Business Mailing Address
 1 NEAPOLITAN ROAD 1241 NEAPOLITAN ROAD
 PUNTA GORDA FL 33983 PUNTA GORDA FL 33983-6109

629538



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
650951686 Not Applicable
 5. Certificate of Status Desired **\$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 State Zip Code
Fort MYERS FL 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* DATE 3/16/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
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* Date **MAR 14 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)