

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103882

1. Entity Name Jane Hannah, s, Inc.

Principal Place of Business

Mailing Address

401 S W Martin Luther King Blvd.
Belle Glade, Fl 33430

2. Principal Place of Business

401 S W Martin Luther
Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.

City & State

Belle Glade, Fl

City & State

SAME

Zip 33430

Country

Palm Beach

Zip

SAME

Country

USA

4. FEI Number

65-0984695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Jane McLean

401 S W Martin Luther King Blvd.
Belle Glade, Fl 33430

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. n/a

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE President
NAME Jane McLean
STREET ADDRESS 401 S W Martin Luther King Blvd
CITY-ST-ZIP Belle Glade, Fl 33430

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100004733041-9
-12/19/01-01056-001
****150.00 ****150.00

TITLE
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CITY-ST-ZIP

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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:

Jane McLean

11-8-201 Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

FILED

01 NOV 13 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UBR

2822

Jane McLean
401 S.W. Martin Luther King Blvd.
Belle Glade, Fl 33430

November 5, 2001

Section Manager
Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Fl 32314

Dear Officer :

As discussed over the telephone, the corporation was formed 11/24/99 and for whatever reason we had never gotten the Annual Report. I trust that this will up date the file and one will come to me for next year.

I thank you for your understanding and help.

Sincerely,

