

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0126513 AV

DOCUMENT # S15316

1. Entity Name
JANTON INC.

02-26-2002 90020 026 ***150.00

Principal Place of Business
2245 SOUTHWINDS BOULEVARD
UNIT 204
VERO BEACH FL 32963

Mailing Address
2245 SOUTHWINDS BOULEVARD
UNIT 204
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3040874**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPANEK, ANTON
2245 SOUTHWINDS BOULEVARD
UNIT 204
VERO BEACH FL 32963

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.

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 \$150.00
After May 1, 2002 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 **D JUNEAU, SUSAN J** ☐ Delete
 STREET ADDRESS **C/O A.G. STEPANEK 2303 E STRATFORD CT**
 CITY-ST-ZIP **MILWAUKEE WI 53211**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **SD STEPANEK, MARY E** ☐ Delete
 STREET ADDRESS **427 ADDISON AVE.**
 CITY-ST-ZIP **PALO ALTO CA 94301**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **PD STEPANEK, STEVEN H** ☐ Delete
 STREET ADDRESS **671 ALOHA RD**
 CITY-ST-ZIP **SALT LAKE CITY UT 84103**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VTD STEPANEK, THOMAS M** ☐ Delete
 STREET ADDRESS **6507 FIELDSTONE CT**
 CITY-ST-ZIP **RACINE WI 53402**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D STEPANEK, PAUL G** ☐ Delete
 STREET ADDRESS **C/O A.G. STEPANEK 2303 STRATFORD CT**
 CITY-ST-ZIP **MILWAUKEE WI 53211**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Thomas M. Stepanek*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2002 262-638-9020
 Date Daytime Phone #

CR2E034 (9/01)