

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S66115**

1. Entity Name

JANT SALES, INC.**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-09-2001 90054 013 ***150.00

Janet & Jack Freirich
1995 E. Coalton Rd.
Bldg. 22, Apt. 201
Superior, CO 80027Janet & Jack Freirich
1995 E. Coalton Rd.
Bldg. 22, Apt. 201
Superior, CO 80027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2733 BIARRITZ DR.

Suite, Apt. #, etc.

PALM BEACH GARDENS

City & State

FLA 33410

Zip

33410

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0274008**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FREIRICH, JACK 2733 BIARRITZ DR.~~Janet & Jack Freirich
1995 E. Coalton Rd.
Bldg. 22, Apt. 201
Superior, CO 80027~~**PALM BEACH GARDENS
FLA. 33410**

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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FREIRICH, JACK	
STREET ADDRESS	1995 E Coalton Rd. Apt 22-201	
CITY-ST-ZIP	BOCA RATON FL 33434 SUPERIOR, CO 80027	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREIRICH, JANET	
STREET ADDRESS	1995 E COALTON RD,	
CITY-ST-ZIP	BOCA RATON FL 33434 SUPERIOR, CO 80027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jack Freirich Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/30/01**
Date**305 551-9377**
Daytime Phone #

CR2E094 (10/00)