

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90054 018 ***150.00

DOCUMENT # V19396

1. Entity Name
DENNIS M. JANSSEN, P.A.

Principal Place of Business 8529 HWY 441 S LEESBURG FL 34788 US	Mailing Address 8529 HIGHWAY 441 SOUTH LEESBURG FL 34788 US
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2. Principal Place of Business 1219 W. Dixie Ave	3. Mailing Address STATE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Leesburg, FL	City & State
Zip 34748	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3108105	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAMSEY, DENNIS F., JR.
 8529 HIGHWAY 441 SOUTH
 LEESBURG FL 34788

7. Name and Address of New Registered Agent
 Name **DENNIS M. JANSSEN**
 Street Address (P.O. Box Number is Not Acceptable)
 1219 W. Dixie Ave
 City **Leesburg** FL Zip **34748**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **4/20/00**

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, 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	
TITLE D <input type="checkbox"/> Delete	NAME RAMSEY, DENNIS F., JR.
STREET ADDRESS 33025 LITTLE HAMPTON CT	
CITY-ST-ZIP SORRENTO FL	
TITLE D <input type="checkbox"/> Delete	NAME JANSSEN, DENNIS M
STREET ADDRESS 8529 US HWY 441	
CITY-ST-ZIP LEESBURG FL 34788	
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 OMIT: DENNIS RAMSEY
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 empowerments.

SIGNATURE: *[Signature]* **REQUIRED** DATE: **4/20/00** DAYTIME PHONE #

CR2E034 (9/99)