CR2E034 (4/02)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

TED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 29, 2002 8:00 am Secretary of State V19396 DOCUMENT # 1. Entity Name 09-29-2002 90015 001 ***200.00 DENNIS M. JANSSEN, P.A. 09-29-2002 90015 002 ***550.00 Principal Place of Business Mailing Address 1219 W DIXIE AVE 1219 W DIXIE AVE LEESBURG FL 34788 LEESBURG FL 34788 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 Applied For 65-0013592 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANSSEN. DENNIS M. Street Address (P.O. Box Number is Not Acceptable) 1219 W-DIXIE AVENUE LEESBURG FL 34788 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, Dennis M. Janssen TITLE ☐ Delete TITLE JANSSEN, DENNIS M NAME NAME 1219 W. Dixie Avenue STREET ADDRESS 8529 US HWY 441 STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 Leesbura, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 實際 电放线管 古科 5203 US 1857 431 TITLE ☐ Delete ☐ Change ☐ Addition Indungen Domine w NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 ont justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment within address, with all other like empowered. 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if