2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V65817 1. Entity Name

JAN LEE, INC.



Principal Place of Business 7361 46TH AVE NORTH

CITY-ST-ZIP

SIGNATURE

Mailing Address

7361 46TH AVE NORTH

Surta. Act. #, ofc. GHECK HERE IF MAKING CHANGES Surta. Act. #, ofc. GHECK HERE IF MAKING CHANGES City & State City & State City & State A FEI Number 59-3173394 Applicable Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent Name Sheed Address of New Registered Agent Name Name Sheet Address of New Registered Agent Name Name Sheet Address of New Registered Agent Name	ST PETERSBU	RG FL 33709	ST PE	ST PETERSBURG FL 33709							
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Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip				Country						
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
Table 146TH AVE NORTH ST PETERSBURG FL 33709 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. I am familiar with, and accept the obligations of registered agent, which is the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agents are the obligation of Florida agents. SIGNATURE Plant Contribution. STEET ADDRESS TILE VP Larry Clems or Change Softition and State of State Address of Steet Address of State Address					Nam	ie					
ST PETERSBURG FL 33709 City FL Zip Code	BENEDICT, CONNIE					Street Address (P.O. Box Number is Not Acceptable)					
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 toped or private name of registered agent and the if acolecable. (NOTE Registered Agent argument when remaining) DATE	7361 46TH	I AVE NORTH			24-54-14-14-14-14-14-14-14-14-14-14-14-14-14						
B. The aboven 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 flower fl	ST PETER	SBURG FL 33709									
THE HOURS OF PROJECT AND DIRECTORS FILE NOW!!! FEE(S \$150.00 After May 1, 2003 Fee Will be \$550.00 After May 1, 2003 Fee Will be \$55						City FL Zip Code					
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

4/15/03

127-580-1034

FILED

Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90172 011 ***150.00