

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21703

1. Entity Name

JANDA ASSOCIATES, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90007 006 \*\*\*150.00

Principal Place of Business

1433 107ST GULF  
POST OFFICE BOX 301  
MARATHON FL 33050  
US

Mailing Address

320 30TH STREET . OCEAN  
POST OFFICE BOX 301  
MARATHON FL 33050-4249

2. Principal Place of Business

1433 107st, Gulf  
Suite, Apt. #, etc.

3. Mailing Address

320-30th ST, Ocean  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marathon FL  
Zip 33050 Country USA

City & State

MARATHON FL  
Zip 33050 Country USA

4. FEI Number

59-2082737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JANDA, PATRICIA  
320 30TH STREET, OCEAN  
POST OFFICE BOX 301  
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

320-30th ST, Ocean

City

Marathon

FL

Zip Code

33050

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

*Patricia Janda*  
Signature, typed or printed name of registered agent and title if applicable.

Patricia Janda, Secretary

4-14-00

(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, 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	PD	<input type="checkbox"/> Delete
NAME	JANDA, JAMES J.	
STREET ADDRESS	320 30TH STREET, OCEAN	
CITY-ST-ZIP	MARATHON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JANDA, PATRICIA	
STREET ADDRESS	320 30TH STREET, OCEAN	
CITY-ST-ZIP	MARATHON FL	
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	
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 empowered.

SIGNATURE:

*Patricia Janda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

305-743-6904

Date

Daytime Phone #

CR2E034 (9/99)