

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50383

1. Entity Name

PANDJA ENTERPRISES INC.

P

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90001 001 \*\*\*150.00

Principal Place of Business

10696-4 LEM TURNER ROAD  
JACKSONVILLE FL 32218  
US

Mailing Address

10696-4 LEM TURNER ROAD  
JACKSONVILLE FL 32218  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10696-4 Lem Turner Rd.

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2500651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON, PHILIP N.  
10696-4 LEM TURNER ROAD  
JACKSONVILLE FL 32218

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME MORTON, PHILIP N.  
STREET ADDRESS RT 2 BOX 1176  
CITY-ST-ZIP BRYCEVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BANDY, GALE L.  
STREET ADDRESS 402 SIMPSON RD.  
CITY-ST-ZIP KISSIMEE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Delete  
NAME FLOWERS, JAMES RUSSELL  
STREET ADDRESS 4700 IRIS RUTH LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☒ Change ☒ Addition  
NAME LINDA HOLLINGSWORTH  
STREET ADDRESS 7336 SYCAMORE ST.  
CITY-ST-ZIP Jacksonville, FL 32219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*PHILIP N. MORTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-15-2000 904-764-7505

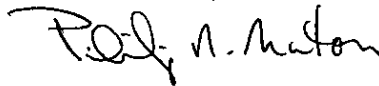
Attachment  
DH# H50383  
00073632

JULY 15, 2000

DEAR KATHERINE HARRIS,

WE DID NOT RECEIVE THE FIRST NOTICE THAT OUR ANNUAL REPORT WAS DUE. WE DID RECEIVE THE SECOND NOTICE AND I FIND THAT WE CANNOT AFFORD THE ADDITIONAL FEE. WE HAVE ALWAYS FILED OUR REPORTS ON TIME IN THE PAST. THANK YOU FOR YOUR CONSIDERATION.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Philip N. Morton".

PHILIP N. MORTON  
PANDJA ENTERPRISES INC.