

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45580

1. Entity Name

MARONDA SYSTEMS INC. OF FLORIDA.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90120 038 \*\*\*150.00

Principal Place of Business

Mailing Address

% SAMUEL L. KATANICH  
 4005 MARONDA WAY  
 SANFORD FL 32771

% SAMUEL L. KATANICH  
 4005 MARONDA WAY  
 SANFORD FL 32771-6503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2754432

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

KATANICH, SAMUEL L.  
 4005 MARONDA WAY  
 SANFORD FL 32771

Name

Wayne Von Dreele

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

4005 Maronda Way

City

Sanford, FL

City

Sanford,

FL

Zip Code

32771

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

*Wayne Von Dreele*

4-28-00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
 NAME WOLF, WILLIAM J.  
 STREET ADDRESS 650 RIDGE ROAD  
 CITY-ST-ZIP PITTSBURGH PA

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

TITLE V ☒ Delete  
 NAME KATANICH, SAMUEL L.  
 STREET ADDRESS 4005 MARONDA WAY  
 CITY-ST-ZIP SANFORD FL

TITLE P ☐ Change ☒ Addition  
 NAME Wayne Von Dreele  
 STREET ADDRESS 4005 Maronda Way  
 CITY-ST-ZIP Sanford, FL 32771

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  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

*Wayne Von Dreele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

407-321-0064

Daytime Phone #

CR2E034 (9/99)