

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005912

1. Entity Name

PLANNING ANALYSIS AND DESIGN, INC.

*P*

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90056 041 \*\*\*150.00

Principal Place of Business

11339 HONEYTREE LANE N  
JACKSONVILLE FL 32225  
US

Mailing Address

11339 HONETREE LN N  
JACKSONVILLE FL 32225-1012  
US

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

59-3252629

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

JAPOUR, DANIEL A  
333-1 E. MONROE ST.  
JACKSONVILLE FL 32202

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNON, JOHN G</b> <b>960 CARLOTTA RD. WEST</b> <b>JACKSONVILLE FL 32211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CANNON, LILLIAN I</b> <b>960 CARLOTTA RD. WEST</b> <b>JACKSONVILLE FL 32211</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*JOHN G. CANNON*  
**JOHN G. CANNON**  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00

Date

904 998 2174

Daytime Phone #

CH 014 19/93

Attachment Doc #  
P94000005912  
D0083110



August 30, 2000

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report  
#P94000005912  
Planning Analysis and Design, Inc.  
John Cannon, President

Gentlemen:

We respectfully request that penalty for late filing of the 2000 Uniform Business Report be waived for cause.

Mr. Cannon delivered this form, along with his federal income tax information to our office prior to April 15, 2000. Mr. Hennon in our office had handled Mr. Cannon's tax matters timely for years. Unfortunately, he resigned, effective April 29, 2000. Although, Mr. Cannon's personal and trust returns were extended, this form UBR was overlooked by our office due to the critical loss of personnel (we lost another accountant at first of year).

We thank you for your consideration.

Sincerely yours,

SAV-TAX, INC.

  
Jimtom Richardson  
Tax Manager

JR:kp

Enclosures

cc: John Cannon

904-743-4533  
5911 Arlington Road  
Jacksonville, Florida 32211

**SAV-TAX**  
INC