

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90019 018 ***150.00

DOCUMENT # P99000011065

1. Entity Name

JA-NETWORKS INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 530692
ST PETERSBURG FL 33447-0692

P O BOX 530692
ST PETERSBURG FL 33747-0692

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33747-0692

Zip

33747-0692

Country

4. FEI Number

65-0914964

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

GUMMONS, JANET D
3123 SHORELINE DR
CLEARWATER FL 33760

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

Janet D. Gammans

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

Janet D. Gammans

(Note: Registered Agent signature required when reinstating)

Jan 10, 2000

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 **President** ☐ Delete
NAME **Janet Gammans**
STREET ADDRESS **3123 Shoreline Drive**
CITY-ST-ZIP **Clearwater FL 33760**

TITLE **President** ☐ Change ☒ Addition
NAME **Janet Gammans**
STREET ADDRESS **3123 Shoreline Drive**
CITY-ST-ZIP **Clearwater FL 33760**

TITLE **Vice President** ☐ Delete
NAME **Bufus Gammans**
STREET ADDRESS **3123 Shoreline Drive**
CITY-ST-ZIP **Clearwater FL 33760**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Bufus Gammans**
STREET ADDRESS **3123 Shoreline Drive**
CITY-ST-ZIP **Clearwater FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Benton Gammans**
STREET ADDRESS **3123 Shoreline Drive**
CITY-ST-ZIP **Clearwater FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Anton Gammans**
STREET ADDRESS **3123 Shoreline Drive**
CITY-ST-ZIP **Clearwater FL 33760**

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:

Janet D. Gammans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2000 727-538-0308