

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078149

1. Entity Name
SAMANDA, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90076 013 ***150.00

Principal Place of Business
523 W. FORSYTH ST.
JACKSONVILLE FL 32202

Mailing Address
1534 WINDHAVEN DR. E.
JACKSONVILLE FL 32225

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2050 UNIVERSITY BLVD
Suite, Apt. #, etc. 3

3. Mailing Address
1534 WINDHAVEN DR E
Suite, Apt. #, etc.

City & State
JAX FL
Zip 32211
Country US

City & State
JAX FL
Zip 32225
Country US

4. FEI Number
573607684
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKS, SAMUEL L
1534 WINDHAVEN DR E.
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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 Samuel L Banks DATE 08/2000
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, SAMUEL L	
STREET ADDRESS	1534 WINDHAVEN DR E.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	AMANDA Bunting	<input type="checkbox"/> Delete
NAME	DIRECTOR	
STREET ADDRESS	1534 WINDHAVEN DR E.	
CITY-ST-ZIP	JAX FL 32225	
TITLE	KENSLEY T. JOHNSON	<input type="checkbox"/> Delete
NAME	DIRECTOR	
STREET ADDRESS	8024 Southside Blvd. Apt 247	
CITY-ST-ZIP	JAX-FL-32256	
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: SIGNATURE RE: BIRK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 08/2000
Daytime Phone #

CR2E034 (5/00)

Attachment Doc #
Pg 9000078149
D0080688

August, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Uniform Business Report:

This letter is in regards to the filing of the Uniform Business Report (2000) for **SAMANDA INC.** This will serve as your notice that the entity is properly being filed and the appropriate fee will be paid. Please except payment in the amount of the \$150 due to the **Florida Department of State Division of Corporations.** The first notice to file was never received by anyone under **SAMANDA INC.** and in accordance with the instructions please disregard any additional late or administrative fees. If you have any questions concerning this notification, please contact us @ (904) 610-5246.

Thank you,
Samuel L. Banks
President


SL