

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90088 031 ***550.00

DOCUMENT # S27851

1. Entity Name
CJANA ENTERPRISES, INC.



Principal Place of Business
P.O. BOX 17232
WEST PALM BEACH FL 33416

Mailing Address
P.O. BOX 17232
WEST PALM BEACH FL 33416

2. Principal Place of Business
PO BOX 210293
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 210293
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ROYAL PALM BCH, FL

City & State
ROYAL PALM BCH, FL

4. FEI Number
65-0245530

Applied For
☐ Not Applicable

Zip
33421

Country
USA

Zip
33421

Country
USA

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

6. Name and Address of Current Registered Agent

KUCHAR, CHRISTINA JOHNA
5750 AUTUMN RIDGE RD
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name
CHRISTINA JOHNA KUCHAR
Street Address (P.O. Box Number is Not Acceptable)

158 KAPOK CRESCENT

City **ROYAL PALM BEACH FL** Zip Code **33411**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *CJ Kuchar* *CJ KUCHAR* *PD* *5/27/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUCHAR, CHRISTINA J 5750 AUTUMN RIDGE RD LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUCHAR, JOHN M 5750 AUTUMN RIDGE RD LAKE WORTH FL	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUCHAR, CHRISTINA J. 158 KAPOK CRESCENT ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUCHAR, JOHN M. 158 KAPOK CRESCENT ROYAL PALM BEACH, FL 33411	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CJ Kuchar* *REQUIRE KUCHAR* *PD* *5/27/03* *361-784-9676*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)