

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38439

1. Entity Name

JARZYNA & ASSOCIATES ARCHITECTS, P.A.

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

04-24-2000 90083 026 ***150.00

Principal Place of Business

200 W FORSYTH ST
800
JACKSONVILLE FL 32202
US

Mailing Address

200 W GORSYTH ST
800
JACKSONVILLE FL 32202
US

2. Principal Place of Business

3. Mailing Address

FOUR JUNIPER CT.
Suite, Apt. #, etc.

FOUR JUNIPER CT.
Suite, Apt. #, etc.

City & State

AMELIA ISLAND, FL.

City & State

AMELIA ISLAND, FL.

4. FEI Number

59-3124006

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JARZYNA, ANTHONY D
6 E BAY ST
5 FL
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name ANTHONY D. JARZYNA
Street Address (P.O. Box Number is Not Acceptable)
FOUR JUNIPER COURT
City AMELIA ISLAND FL Zip Code 32034

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

TITLE D
NAME JARZYNA, ANTHONY D.
STREET ADDRESS 200 W FORSYTH ST STE 800
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ANTHONY D. JARZYNA
STREET ADDRESS FOUR JUNIPER COURT
CITY-ST-ZIP AMELIA ISLAND, FL. 32034 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2F034 (9/99)