

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90090 016 \*\*\*150.00

**DOCUMENT # P01000098058**

1. Entity Name  
**AJ HOLSTON ENTERPRISE, INC**

Principal Place of Business      Mailing Address  
**1120 MELROSE ST**      **1120 MELROSE ST**  
**SEFFNER FL 33584**      **SEFFNER FL 33584**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2319 Chaires Cross Rd**      **2319 Chaires Cross Rd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Tallahassee FL**      **Tallahassee FL**  
 Zip      Country      Zip      Country  
**32317**      **US**      **32317**      **US**

4. FEI Number      Applied For  
**593748215**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HOLSTON, AUDREY L**  
**1120 MELROSE ST**  
**SEFFNER FL 33584**

7. Name and Address of New Registered Agent  
 Name **Audrey L. Holston**  
 Street Address (P.O. Box Number is Not Acceptable) **2319 Chaires Cross Rd.**  
 City **Tallahassee FL**      Zip Code **32317**

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 Audrey L. Holston      Audrey L. Holston      1-28-02  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Audrey L. Holston</b> <b>2319 Chaires Cross Rd.</b> <b>Tallahassee FL 32317</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>vice president</b> <b>Jeffrey S. Holston</b> <b>2319 Chaires Cross Rd.</b> <b>Tallahassee FL 32317</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <del>Director</del> <b>Audrey L. Holston</b> <b>2319 Chaires Cross Rd</b> <b>Tallahassee FL 32317</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Audrey L. Holston      Audrey L. Holston      1-28-02      8504515470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)