

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90113 047 ***150.00

DOCUMENT # P93000053399

1. Entity Name

AJOSA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3258 HYDE PARK DR
 CLEARWATER FL 33761

3258 HYDE PARK DR
 CLEARWATER FL 33761-1813

2. Principal Place of Business

3. Mailing Address

4117 Quixote Blvd.

4117 Quixote Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#8

#8

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33613

US

33616

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

45-0217101

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

OLDENSTAM, JACKIE
 3258 HYDE PARK DR.
 CLEARWATER FL 33761

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Delete
 NAME: OLDENSTAM, JACKIE
 STREET ADDRESS: 3258 HYDE PARK DR
 CITY-ST-ZIP: CLEARWATER FL 34621

TITLE: D, P, T Change Addition
 NAME: Jackie Oldenstam
 STREET ADDRESS: 4117 Quixote Blvd., Apt. 8
 CITY-ST-ZIP: Tampa, FL 33616

TITLE: DV Delete
 NAME: OLKENSTAM, SOLBRITT
 STREET ADDRESS: 3258 HYDE PARK DR.
 CITY-ST-ZIP: CLEARWATER FL 33761

TITLE: D, V Change Addition
 NAME: Solbritt Oldenstam
 STREET ADDRESS: 4117 Quixote Blvd., Apt. 8
 CITY-ST-ZIP: Clearwater, FL 33761

TITLE: DPT Delete
 NAME: OLDENSTAM, JACKIE
 STREET ADDRESS: 3258 HYDE PARK DR.
 CITY-ST-ZIP: CLEARWATER FL 33761

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POA

3/22/00 (813) 903-9505
 Date Daytime Phone #

CR2E034 (9/99)