

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057061

1. Entity Name
BJA, INCORPORATED

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90028 028 ***150.00

Principal Place of Business
6918 ALOMA AVENUE
WINTER PARK FL 32792

Mailing Address
6918 ALOMA AVENUE
WINTER PARK FL 32792-7003

2. Principal Place of Business
3030 Dade Avenue
Suite, Apt. #, etc.
Suite # 120
City & State
Orlando, Florida
Zip
32804
Country
USA

3. Mailing Address
3030 Dade Avenue
Suite, Apt. #, etc.
Suite #120
City & State
Orlando, Florida
Zip
32804
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3583146
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS, T. BENJAMIN
6918 ALOMA AVENUE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
Name
Thomas, T. Benjamin
Street Address (P.O. Box Number is Not Acceptable)
3030 Dade Avenue
Suite #120
City
Orlando
FL
Zip Code
32804

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 T. Benjamin Thomas
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4/14/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, T. BENJAMIN 6918 ALOMA AVENUE WINTER PARK FL 32792 <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
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	P Thomas, T. Benjamin 3030 Dade Avenue Suite #120 Orlando, Florida 32804 <input checked="" 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
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4/14/00
Daytime Phone # 407-898-4600

CR2E034 (9/99)