

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # P99000070525

1. Entity Name

AJA TUSCANY GROUP, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

02-04-2000 90073 014 ***150.00

Principal Place of Business
1511-B PENMAN ROAD #113
JACKSONVILLE BEACH FL 32250

Mailing Address
1511-B PENMAN ROAD #113
JACKSONVILLE BEACH FL 32250-3743

2. Principal Place of Business
1166 North A1A
Suite, Apt. #, etc.

3. Mailing Address
1166 North A1A
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
593588984
Applied For
Not Applicable

Zip
32082
Country

Zip
32082
Country

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

FRANZONI, MARK
1511-B PENMAN ROAD #113
JACKSONVILLE BEACH FL 32250

Name
Howard A. Caplan, Attorney P.A.
Street Address (P.O. Box Number is Not Acceptable)
3900 Atlantic Blvd.

City
Jacksonville
FL
Zip Code
32207

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 Howard A. Caplan for Howard A. Caplan, Attorney P.A. 1/28/00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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:

ANNEVA H. GILBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

904-280-0275

Daytime Phone #

CR2E034 (9/99)