

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90054 022 \*\*\*150.00

DOCUMENT # L61806

1. Entity Name  
ASJ & ASSOCIATES, INC.

Principal Place of Business  
816 LAKE NEW SHORE TERRACE  
INTERLACHEN FL 32148  
US

Mailing Address  
816 LAKE NEW SHORE TERRACE  
6271-24 ST. AUGUSTINE RD., STE. 245  
INTERLACHEN FL 32148  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
816 LAKE SHORE TER  
Suite, Apt. #, etc.

3. Mailing Address  
816 LAKE SHORE TER  
Suite, Apt. #, etc.

City & State  
INTERLACHEN FL

City & State  
INTERLACHEN FL

4. FEI Number 59-3002579

Applied For  
Not Applicable

Zip Country  
32148 US

Zip Country  
32148 US

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

KREFT, FRANK H.  
8025 BAYMEADOWS CIRCLE EAST  
STE 1204  
JACKSONVILLE FL 32256

Name KREFT, FRANK H.  
Street Address (P.O. Box Number is Not Acceptable)  
816 LAKE SHORE TER  
City INTERLACHEN FL Zip Code 32148

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 Frank H. Kreft FRANK H. KREFT 4-29-01  
Signature, typed or printed name of registered agent and date 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, 2001 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 PD ☐ Delete  
NAME KREFT, FRANK H.  
STREET ADDRESS 8025 BAYMEADOWS CIR. E., STE 1204  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME 816 LAKE SHORE TER  
STREET ADDRESS INTERLACHEN FL 32148  
CITY-ST-ZIP

TITLE VST ☐ Delete  
NAME KREFT, FRANK H.  
STREET ADDRESS 8025 BAYMEADOWS CIR. E., STE 1204  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME 816 LAKE SHORE TER  
STREET ADDRESS INTERLACHEN FL 32148  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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: Frank H. Kreft FRANK H. KREFT 4-29-01 904-684-9037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)