

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90038 044 ***150.00

DOCUMENT # F20071

1. Entity Name
A & J COMMERCIAL SEATING, INC.

Principal Place of Business
10485 S.E. 158TH PLACE
SUMMERFIELD FL 34491

Mailing Address
10485 S.E. 158TH PLACE
SUMMERFIELD FL 34491

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip **Country** **Zip** **Country**

4. FEI Number **59-2052789** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

BENOIT, TAMMY
12039 SE 60 AVE ROAD
BELLEVIEW FL 34420

7. Name and Address of New Registered Agent

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, 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	P	<input type="checkbox"/> Delete
NAME	PLOURDE, JOHN F	
STREET ADDRESS	10485 S.E. 158TH PL.	
CITY-ST-ZIP	SUMMERFIELD, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENOIT, TAMMY	
STREET ADDRESS	10485 S.E. 158TH PL.	
CITY-ST-ZIP	SUMMERFIELD, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PLOURDE, NORMA	
STREET ADDRESS	10485 S.E. 158TH PL.	
CITY-ST-ZIP	SUMMERFIELD, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLOURDE, JOHN F JR	
STREET ADDRESS	10485 S.E. 158TH PL.	
CITY-ST-ZIP	SUMMERFIELD, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tammy Benoit

4/24/02
 Date

3522882022
 Daytime Phone #

CR2E034 (9/01)