

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90857 018 ***150.00

DOCUMENT # G19478

1. Entity Name

A J PRODUCTS CORPORATION

Principal Place of Business

Mailing Address

9730 SOUTHERN BELLE
 BROOKSVILLE FL 34613
 US

P O BOX 5496
 SPRING HILL FL 33938-1264
 US

2. Principal Place of Business

14518 Bridgeview Lane

3. Mailing Address

P.O. Box 381264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, Fl

City & State

Murdock, Fl.

Zip

Country

33953

Zip

33938-1264

Country

4. FEI Number

59-2279432

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

SCHPEL, ANN M
9730 SOUTHERN BELLE DR
BROOKSVILLE FL 34613

Name

Street Address (P.O. Box Number is Not Acceptable)

14518 Bridgeview Lane

City

Port Charlotte,

FL

Zip Code

33953

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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **SCHPEL, ANN M**
 CITY-ST-ZIP **9730 SOUTHERN BELLE DRIVE**
BROOKSVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14518 Bridgeview Lane**
 CITY-ST-ZIP **Port Charlotte, Fl. 33953**

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **SCHPEL, DONALD D**
 CITY-ST-ZIP **9730 SOUTHERN BELLE DRIVE**
BROOKSVILLE FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14518 Bridgeview Lane**
 CITY-ST-ZIP **Port Charlotte, Fl. 33953**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SCHPEL, ANN M**
 CITY-ST-ZIP **9730 SOUTHERN BELLE DRIVE**
BROOKSVILLE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **14518 Bridgeview Lane**
 CITY-ST-ZIP **Port Charlotte, Fl. 33953**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHPEL, DENNIS L**
 CITY-ST-ZIP **257 TIFFANY SHORES**
HOLLAND MI 49424

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MORRISSEY, LISA L**
 CITY-ST-ZIP **10251 38TH STREET**
CLEARWATER FL 33762

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

TITLE ☐ Delete
 NAME
 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: Ann M. Schepel
Ann M. Schepel, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

941 613-2839
 Daytime Phone #