2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35454 1. Entity Name A & J CONSTRUCTION MANAGEMENT CO., INC.						Jan 31, 2000 8:00 am Secretary of State 01-31-2000 90015 008 ***150.00					
Principal Place of Business		Mailing Address			1						
1962 CENTERVILLE ROAD TALLAHASSEE FL 32308 US		P.O. BOX 15964 TALLAHASSEE FL 32317-5964 US						y	113	93	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE	IN THIS S	SPACE		
City & State		City & State		4. FEI Number 59-2305589				Applied For Not Applicable			
Zip	Country	Zip	Countr	у	5.	Certificate of	Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Currer	t Registered Agent	<u> </u>	Name	7.	Name and A	ddress of New Re	gistered A	gent		
CHICK, MARTIN J. JR.			-		s (P.O. E	lox Number i	s Not Acceptable)				
	CENTERVILLE ROAD AHASSEE FL 32308				·						
			-	City				FL	Zip Cod	le	
Tax filing r (See crite	Signature, typed or printed name of registered age pretion is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW! After MAY 1, 20 Make Check Payab	!!! FEE IS 00 Fee w	rill be \$550.0	0 State	10. Elect Trust	ion Campaign Fina Fund Contribution	🗆	Adde	0 May Be	
TITLE 30 30 ANAME TO STREET ADDRESS CITY-ST-ZIP	ST 'CHICK, STACY L. 1962 CENTERVILLE ROAD TALLAHASSEE FL	D DIRECTORS . □ Delete	12. TITLE NAME STREET CITY-S	i address St-zip	AE	DITIONS/C	HANGES TO OFFIC	CERS AND	□ Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHICK, MARTIN J. JR. 1962 CENTERVILLE ROAD TALLAHASSEE FL	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			· · · · ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Âdditior	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em , or on an attachment with an address	is true and accurate and that report	my signatu as require	ire shall have ti	he same	legal effect a	as if made under o	ath: that I a	ım an officei	or director	

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of the Phone #