## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2000 8:00 am Secretary of State **DOCUMENT # G52130** 1. Entity Name GLJ ENTERPRISES, INC. 05-23-2000 90271 022 \*\*\*150.00 Principal Place of Business Mailing Address 2475 W. INT'L SPDWY BLVD. #200 2475 W. INT'L SPDWY BLVD. #200 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2307114 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Sablick, Ron Street Address (P.O. Box Number is Not Acceptable) SEABREEZE BOOKKEEPING 115 SEABREEZE BLVD. #108-109 DAYTONA BEACH FL 32118 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITI E ☐ Delete NOTARAS, JOHN NAME STREET ADDRESS STREET ADDRESS 5929 PHYLLIS LOU CIR. CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL TITLE Change ☐ Addition □ Delete TITLE NOTARAS, LITSA NAME NAME STREET ADDRESS STREET ADDRESS 100 SILVERBEACH AVE. #816 CITY-ST-7IP CITY-ST-ZIP DAYTONA BCH. FL □ Delete TITLE TITLE NAME NOTARAS, GEORGE NAME STREET ADDRESS STREET ADDRESS 100 SILVERBEACH AVE. #816 CITY-ST-7IP CITY-ST-ZIP DAYTONA BCH. FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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 and 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

FILED