

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
 03-05-2002 90086 036 ***150.00

DOCUMENT # G52130

1. Entity Name
GLJ ENTERPRISES, INC.

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2307114

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SABLICK, RON
SEABREEZE BOOKKEEPING
944 S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

Name **Susan Kidd**
 Street Address (P.O. Box Number is Not Acceptable) **Seabreeze Bookkeeping & Tax Svc**
441 S Ridgewood Ave
 City **Daytona Beach** FL Zip Code **32114**

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 *Susan L. Kidd*

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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | NOTARAS, JOHN |
| STREET ADDRESS | 5929 PHYLLIS LOU CIR. |
| CITY-ST-ZIP | PORT ORANGE FL |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | NOTARAS, LITSA |
| STREET ADDRESS | 100 SILVERBEACH AVE. #816 |
| CITY-ST-ZIP | DAYTONA BCH. FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | NOTARAS, GEORGE |
| STREET ADDRESS | 100 SILVERBEACH AVE. #816 |
| CITY-ST-ZIP | DAYTONA BCH. FL |
| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
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| CITY-ST-ZIP | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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| 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-02 386-846-5903

CR2E034 (9/01)