## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 09, 2000 8:00 am Secretary of State DOCUMENT # **H57666** 1. Entity Name CJW, INC. 05-09-2000 90127 045 \*\*\*150.00 Mailing Address Principal Place of Business 2111 OAK HILL DRIVE 2111 OAK HILL DRIVE 2111 OAK HILL DRIVE VALRICO FL 33594 VALRICO FL 33594-4636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2544864 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COBB, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 2111 OAK HILL DRIVE VALRICO FL 33594 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change Addition DΡ ☐ Delete TITLE TITLE COBB, JAMES E. NAME NAME STREET ADDRESS STREET ADDRESS 2111 OAK HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Addition Change Delete TITLE TITLE JOHNSON, WALLACE NAME NAME STREET ADDRESS STREET ADDRESS 2111 OAK HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Addition DST-☐ Delete TITLE TITLE NAME COBB. NANCY NAME STREET ADDRESS STREET ADDRESS 2111 OAK HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Addition ☐ Change Delete TITLE TITLE NAME WINSLOW, RICHARD NAME STREET ADDRESS 2111 OAK HILL DRIVE STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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:

AMETER CONSTRUCT E. COB

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

813-685-9175

Daytime Phone #