

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J64843

1. Entity Name

AZA INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90006 008 ***150.00

Principal Place of Business

Mailing Address

~~2 INDEPENDENT DRIVE~~
~~STORE 212~~
~~JACKSONVILLE FL 32202~~
~~65~~

~~1 DAVID A KING ATTORNEY~~
~~1410 KINGSLEY AVE~~
~~ORANGE PARK FL 32073-4309~~

2. Principal Place of Business

3. Mailing Address

126 West Adams Street

9009 Western Lake Dr

Suite, Apt. #, etc

Suite, Apt. #, etc.

Suite 102

Unit No. 1605

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip
32202

Country
USA

Zip
32256

Country
USA

4. FEI Number

59-2814728

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

~~KING, DAVID, A~~
~~ATTORNEY AT LAW~~
~~1410 KINGSLEY AVE~~
~~ORANGE PARK FL 32073~~

Name

Aza Lee Green

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

126 West Adams Street

Suite 102

City

Jacksonville

FL

Zip Code
32202

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

Aza Lee Green

Aza Lee Green (Print Name and Title if Applicable)

(NOTE: Registered Agent signature required when resigning)

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	PSD	<input type="checkbox"/> Delete
NAME	GREEN, AZA LEE	
STREET ADDRESS	9009 WESTERN LAKE DRIVE UNIT #1605	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(j), 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: *Aza Lee Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR