

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78079

1. Entity Name

A. J. L. PROPERTIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90120 050 ***150.00

Principal Place of Business

BOX 743
 PLACIDA FL 33946
 US

Mailing Address

BOX 743
 PLACIDA FL 33946-0743
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0120640

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

DOLAN, WILLIAM J.
 6192 SW HWY 72
 ARCADIA FL 34266

Name

WILLIAM J. DOLAN

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

12000 PLACIDA RD Box 743

City

PLACIDA

FL

Zip Code

33946

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]

WILLIAM J. DOLAN

April 18, 2000

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, 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 ☐ Delete
 NAME D
 STREET ADDRESS DOLAN, WILLIAM J.
 CITY-ST-ZIP 6192 SW HWY 72
 ARCADIA FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 12000 PLACIDA RD Box 743
 CITY-ST-ZIP PLACIDA FL 33946

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DOLAN, MARK A
 CITY-ST-ZIP 6192 SW HWY 72
 ARCADIA FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 12000 PLACIDA RD Box 743
 CITY-ST-ZIP PLACIDA FL 33946

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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] WILLIAM J. DOLAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 18, 2000

Date

941-698-8997
 Daytime Phone #

CR2E034 (9/99)