

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90015 013 ***158.75

0522973

DOCUMENT # K78597

1. Entity Name

HCJ-2 ENTERPRISES, INC.

Principal Place of Business

2317 E. FLETCHER AVE.
 P.O. BOX 16279
 TAMPA FL 33612

Mailing Address

PO BOX 16279
 TAMPA FL 33687

A0044920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

26065 Loblolly Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Land O Lakes, FL

4. FEI Number

59-3011395

Applied For

Not Applicable

Zip

Country

Zip

Country

34639 US

5. Certificate of Status Desired



**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JASPERSON, MARIAN L
 26065 LOBLOLLY LN
 SUITE 100
 LAND O LAKES FL 34639**

Name

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

City

FL

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.

(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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPST
 JASPERSON, HAROLD C. JR.
 26065 LOBLOLLY LANE
 LAND O LAKES FL 34639**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAROLD C. JASPERSON JR. (PRES.) 4/4/01 973-3938

CR2E034 (10/00)