2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90054 022 ***150.00

DOCUMENT # L61806

1. Entity Name
ASJ & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
816 LAKE NEW SHORE TERRACE INTERLACHEN FL 32148 US	816 LAKE NEW SHORE TERRACE 6271-24 ST. AUGUSTINE RD., STE. 245 INTERLACHEN FL 32148 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
816 LAKE Shore TER	816 LAKE Shore TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INTERLACHEN FL	City & State: INTERLACHEN FL
Zip: ~~FL~~ 32148 Country: US	Zip: 32148 Country: US

4. FEI Number 59-3002579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KREFT, FRANK H.
8025 BAYMEADOWS CIRCLE EAST
STE 1204
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: KREFT, FRANK H
Street Address (P.O. Box Number is Not Acceptable): 816 LAKE SHORE TER
City: INTERLACHEN **FL** Zip Code: 32148

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] FRANK H. KREFT 4-29-01
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	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KREFT, FRANK H.		NAME	
STREET ADDRESS	8025 BAYMEADOWS CIR. E., STE 1204		STREET ADDRESS	816 LAKE Shore TER
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE	VST	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KREFT, FRANK H.		NAME	
STREET ADDRESS	8025 BAYMEADOWS CIR. E., STE 1204		STREET ADDRESS	816 LAKE Shore TER
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	INTERLACHEN FL 32148
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/00)

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] FRANK H. KREFT 4-29-01 904-684-9037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #