2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90047 038 ***550.00

DOCUMENT # L81425

1. Entity Name
ABJ, INC.

Principal Place of Business	Mailing Address
% ~~RICHARD J. DAFONTE~~. ESQUIRE 4175 E. BAY DR., STE. 208 CLEARWATER FL 34624 US	% ~~RICHARD J. DAFONTE~~. ESQUIRE 4175 E. BAY DR., STE. 208 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

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 59-3022376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAFONTE, RICHARD J. ESQ.
1000 BELCHER RD. S.
SUITE 2
LARGO FL 34641

7. Name and Address of New Registered Agent

Name: Robert Smith
Street Address (P.O. Box Number is Not Acceptable): 4175 E. Bay Dr. Ste 208
City: Clearwater FL Zip Code: ~~34~~33764

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 Robert Smith President 9-11-00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	DPV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT		NAME	
STREET ADDRESS	4175 E. BAY DR., STE. 208		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT		NAME	
STREET ADDRESS	4175 E. BAY DR., STE. 208		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		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	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (5/00)

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 REQUIRED President 9-11-00 727-538 0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert Smith