

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90002 043 *****70.00

DOCUMENT # N47299

1. Entity Name

SBA-UJAT, INC.

Principal Place of Business

Mailing Address

**1200 9TH STREET
 DAYTONA BEACH FL 32117
 US**

**540 COLFAX DRIVE
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3103170

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILTON, JAMES K.
 540 COLFAX DRIVE
 DAYTONA BEACH FL 32114**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPS** ☐ Delete
 NAME **MILTON, JAMES K.**
 STREET ADDRESS **540 COLFAX DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **RUSSELL, MARTIN**
 STREET ADDRESS **540 COLFAX DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WILLIAMS, MICHAEL**
 STREET ADDRESS **41 - 15 12 STREET**
 CITY-ST-ZIP **L.I.C. NY**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Robertson** ☐ Delete
 NAME **Roberts, Archie**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Roberts, Archie**
 STREET ADDRESS **Director 540 Colfax Dr**
 CITY-ST-ZIP **Daytona Beach FL 32114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered.

SIGNATURE:

James Milton 3/9/02 (386) 248-1486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)