


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90123 031 ****61.25

DOCUMENT: # N47299 1. Entity Name SBA-UJAT, INC.					
Principal Place of Business 540 COLFOX DRIVE DAYTONA BEACH, FL 32114 US			Mailing Address 540 COLFOX DRIVE DAYTONA BEACH, FL 32114		
2. Principal Place of Business 640 Northern Road Suite, Apt. #, etc. #101		3. Mailing Address P.O. Box 10806 Suite, Apt. #, etc.			
City & State South Daytona Beach FL		City & State Daytona Beach Fla.		4. FEI Number 59-3103170	
Zip 32119		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILTON, JAMES K. 540 COLFOX DRIVE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name James K. Milton Street Address (P.O. Box Number is Not Acceptable) 640 Northern Road South Daytona Beach 32119 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE James Milton DATE 9/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MILTON, JAMES K. 540 COLFOX DR. DAYTONA BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Milton, James K. 640 Northern Rd. South Daytona Beach FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUSSELL, MARTIN 540 COLFOX DR. DAYTONA BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Russell, Martin 640 Northern Rd. South Daytona Beach 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MICHAEL 41 - 15 12 STREET L.I.C., NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Michael 41-15 12th Street L.I.C. NY 11101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, ARCHIE 540 COLFOX DR. DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 the empowered.					
SIGNATURE: James Milton SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			President 9/1/04 (386) 334-3985 Date Daytime Phone #		