

**JR PROFIT CORPORATION
FORM BUSINESS REPORT (UBR)**

03

FILED

DOCUMENT # 00000043158

1. Entity Name

CAJAN INC D/B/A ALPHA AND OMEGA VALET



03 OCT 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12270 WEST COLONIAL

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 111

Suite, Apt. #, etc.
SAME

DO NOT WRITE IN THIS SPACE

City & State
WINTERGARDEN, FLORIDA

City & State
SAME

4. FEI Number 59-3648323

Applied For
Not Applicable

Zip
34787

Country
ORANGE

Zip
SAME

Country
SAME

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LARRY LEWIS

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

106 EAST COLLEGE AVE

City TALLAHASSEE

FL

Zip Code
32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

10-4-2003

January 1, 2004 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
DIANA RICHARD
12270 WEST COLONIAL SUITE 111
WINTERGARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100023816621
10415708-010512-0047-6125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
JAN-SCOTT RICHARD
12270 WEST COLONIAL
WINTERGARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-SCOTT RICHARD

9/26/03

407-948-2918

Date

Daytime Phone #

CR2E034B (12/02)

7/10/06