

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095480

1. Entity Name

TAJ INC.

Principal Place of Business

PO BOX 1214
WEIRSDALE FL 32195

Mailing Address

PO BOX 1214
WEIRSDALE FL 32195

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

59-3650090

Applied For

Not Applicable

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

THOMAS, ANTE JR
16915 SE 130TH AVE
WEIRSDALE FL 32195

Name Thomas, Ante Jr.

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

17380 S.E. 130TH AVE

City

Weirsdale

FL

Zip Code

32195

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

Ante Thomas Jr.

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P/owner
STREET ADDRESS Ante Thomas Jr.
CITY-ST-ZIP Weirsdale, FL 32195

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T/S
STREET ADDRESS Keisha Harris
CITY-ST-ZIP 23 Henlock Circle Way
Ocala, FL 34472

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
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

Ante Thomas Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

352-258-

Daytime Phone #

CR2E034 (10/00)

0580667

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90243 035 ***150.00



DO NOT WRITE IN THIS SPACE