

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90029 002 ***150.00

DOCUMENT # P00000111176

1. Entity Name

AJAG, INC.

Principal Place of Business

Mailing Address

**22715 WILLOW LAKES DRIVE
 LUTZ FL 33549**

**22715 WILLOW LAKES DRIVE
 LUTZ FL 33549**

2. Principal Place of Business

4100 S FRONTAGE ROAD

3. Mailing Address

P.O. Box 3628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3685578

Applied For

Not Applicable

Zip

33815

Country

USA

Zip

33802

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEFLOCH, EUGENE
 400 NORTH TAMPA STREET #2625
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

ANDY FISH

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

22715 WILLOW LAKE DR.

City

LUTZ, FL

FL

Zip Code

33549

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 **ANDY FISH, PRESIDENT, DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

TITLE **VICE PRESIDENT, DIRECTOR** ☐ Delete
 NAME **DR. ABRAHAM JOSEPH**
 STREET ADDRESS **4100 S. FRONTAGE ROAD**
 CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **VICE PRESIDENT, DIRECTOR** ☐ Delete
 NAME **JOHN R CHAMBERS**
 STREET ADDRESS **4100 S. FRONTAGE ROAD**
 CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

823-686-1173

Daytime Phone #

CR2E034 (10/00)