

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90075 006 ***150.00

DOCUMENT # P00000114084

1. Entity Name
CJC BIRMINGHAM, INC.

Principal Place of Business
2626 W. WATROUS AVENUE
TAMPA FL 33629

Mailing Address
2626 W. WATROUS AVENUE
TAMPA FL 33629

2. Principal Place of Business

4603 RUE BEDOUX
 Suite, Apt. #, etc.

3. Mailing Address

4603 RUE BEDOUX
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Lutz, FLORIDA

City & State
Lutz, FLORIDA

4. FEI Number **59-3687225**

Applied For
 Not Applicable

Zip Country
33558 USA

Zip Country
33558 USA

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

6. Name and Address of Current Registered Agent

GOLD, AARON J
704 W. BAY STREET
TAMPA FL 33606

7. Name and Address of New Registered Agent

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 DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **D** ☐ Delete
 NAME **CAMBAS, CHRISTOPHER J**
 STREET ADDRESS **2626 W. WATROUS AVENUE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **CAMBAS, CHRISTOPHER** ☒ Change ☐ Addition
 NAME **4603 RUE BEDOUX**
 STREET ADDRESS **LUTZ, FL. 33558**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-1-02** Daytime Phone # **813-449-1964**

CR2E034 (9/01)